

## (1) PLACE OF BIRTH

County of AndersonTownship of "or  
Inc. Town of "or  
City of Anderson City

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71202

Registration District No. 9 D Registered No. 302

(For use of Local Registrar)

City of Anderson City (No. Copied St.; 17 Ward)(2) Full Name of Child Bill Dore Roland If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 24, 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Graves Roland(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION Miner(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie F. Cold(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive 4:30 P. M., on the date above stated. (Hour of M. or P. M.)(23) (Signature) J. D. Lawrence(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 25, 1916 (28) J. P. Drayton Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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