

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Cokesburg

(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

152

Registration District No. 3ARegistered No. 14
(For use of Local Registrar only)Place St. Louis Ward 908

(2) Full Name of Child

Lilly Anderson

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL? GirlTwins
or triplets?(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE Jan 19 22
BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME West Anderson(9) PRESENT
POSTOFFICE
OF FATHER Cokesburg Pa(10) COLOR
OR
RACE Collard(11) AGE AT LAST
BIRTHDAY 34
(Years)(12) BIRTHPLACE Donalds Mo(13) OCCUPATION Public work(14) Number of children born to
mother, including present birth 3

MOTHER

(15) NAME BEFORE
MARRIAGE Gonie Smith(16) PRESENT
POSTOFFICE
OF MOTHER Cokesburg Pa(17) COLOR
OR
RACE Collard(18) AGE AT LAST
BIRTHDAY 27
(Years)(19) BIRTHPLACE Union Ind(20) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sally Anderson

(24) State whether Physician or Midwife

(25) Address Cokesburg PaGiven name added from a supplement-
tal report

Registrar

(26) Witness

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

(27) Filed

(28)

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.

MADE VALLEY WITH UNFOLDING LINE—THIS IS A PERMANENT RECORD.
No. 2—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.
City of Columbia