

MARGIN RESERVED FOR BINDING.

WHITE PLAINS. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH

County of A. M. Anderson
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2046

Registration District No. 3A Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child

Arney Marion Anderson
(If birth occurs in a hospital or other institution, give name of same (instead of street and number).
if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. M. Anderson
(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Abbeville, S. C.
(13) OCCUPATION merchant
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Williford
(15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Anderson, S. C.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Anderson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report:

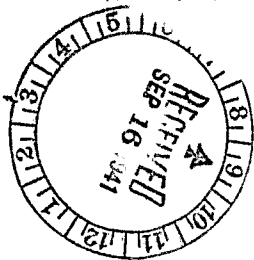
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jul 15, 1922 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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September 2, 1941



TO WHOM IT MAY CONCERN:

This is to certify that the birth record of Abner Milford Dodson, Jr. which was filed in the Bureau of Vital Statistics on Feb. 15, 1922 as Abney Marion Dodson, Jr. is incorrect.

As the father of this boy, I wish to state that his correct name is Abner Milford Dodson, Jr., and request that this record be corrected on the files of the State Bureau of Vital Statistics.

Yours truly,

Abner Milford Dodson, Sr.

I hereby certify that the above is a true and correct copy of the birth record of Abner Milford Dodson, Jr., who was born on Feb. 15, 1922, at Anderson, S. C., and that the above statement is true and correct.

Witness my hand and seal of office at Anderson, S. C., this 12th day of September, 1941.

Evelyn P. Manning

County Clerk, S. C.
In Commission Expires at
12:01 A.M. 1st Nov.

