

Form No. 1

1. PLACE OF BIRTH

County of Richmond
Township of Richmond
or
Inc. Town of Richmond
or
City of Richmond

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

FILE

22 050313

Registration District No. 702 Registered No. 2-3
(For use of Local Registrar)

2. Full Name of Child

James Anderson

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

3. BOY OR GIRL Boy

4. Twin or Triplet?

5. Member in order of birth

6. Age in Months 46

7. DATE OF BIRTH

June 7, 1922
(Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER

8. FULL NAME

James Anderson

9. PRESENT POSTOFFICE OF FATHER

Laurens S.C.

10. COLOR OR RACE

Black

11. AGE AT LAST BIRTHDAY

21
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

R. R. Fireman

14. Number of children born to mother, including present birth

2

MOTHER

15. NAME BEFORE MARRIAGE

Anna Pulman

16. PRESENT POSTOFFICE OF MOTHER

Laurens S.C.

17. COLOR OR RACE

Black

18. AGE AT LAST BIRTHDAY

22
(Years)

19. BIRTHPLACE

Laurens S.C.

20. OCCUPATION

Domestic

21. Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive at 4 P. M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Sebastian Davis

24. State whether Physician or Midwife

Midwife

25. Address of Physician or Midwife

103 Gray St.

When name added from a supplemental report

26. Witness

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

27. File 6-14 1922

28. C. E. Kennedy
(Local Registrar)

29. If a child should ever come, it must not be certified as deceased