

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

89861

Registration District No. 2112 Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child

Quanie Anderson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 11 - 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Anderson

(9) PRESENT POSTOFFICE OF FATHER

Cowards, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Florence Co. S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertie Matthews

(15) PRESENT POSTOFFICE OF MOTHER

Cowards, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Florence Co. S.C.

(19) 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 or stillborn at 3 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

Jane Max Daniels

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Cowards S.C.

Given name added from a supplemental report

(26) Witness

Walter Anderson

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

(27) Filed Dec 18 1916

(28) E. L. Montgomery

Registrar

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.

No. 1. When name of PHYSICIAN OR MIDWIFE is given, use a SEPARATE BLANK for each child, and attach the SEPARATE BLANK, No. 2, after, in question 5.