

PLACE OF BIRTH

County of York
Catawba

Township of
or
the Town of

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

79794

Registration District No. 4404 Registered No. 128
(For use of Local Registrar)

(1) Full Name of Child Alma Jeanette Anderson is not yet named, make supplemental report as directed

BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 7 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME E. S. Anderson
(9) PRESENT POSTOFFICE OF FATHER Edgemore P.M.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE SC.
(13) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth 14

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Blake
(15) PRESENT POSTOFFICE OF MOTHER Edgemore S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 44 (Years)
(18) BIRTHPLACE SC.
(19) OCCUPATION Farm Laborer
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 10 AM at 10 AM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ernesta Mc Cordle
(24) State whether Physician or Midwife 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) Filled 9/28/16 (28) J. H. Miel 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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