

(1) PLACE OF BIRTH
County of *York*
Cataraugus

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

79794

Township of
or
The Town of

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

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL girl
 (4) Twin or Triplet? ☐
 (5) Number in order of birth 1
 (6) Are Parents Married? yes
 (7) DATE OF BIRTH Aug 7 1966
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FULL NAME	FATHER.	MOTHER.
	5 S Anderson (14) NAME BEFORE MARRIAGE	Mary Blake

PRESENT POSTOFFICE OF FATHER Edgemore P. H.

(15) PRESENT POSTOFFICE OF MOTHER Edgemore P. H.

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *44* (Years)

(18) BIRTHPLACE	SC.
(19) OCCUPATION	SC.

DATE OF OCCUPATION	NAME OF OCCUPATION
Farm Laborer	Farm Laborer

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

(21) Number of children of this mother now living, including present birth { 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Deanna M. Corbin
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 N. 1st St. Ste. 1000

Given name added from a supplemental report

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

(27) Filed 9/28/1916 (28) J. C. Miller 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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