

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barney
Township of Wilcox
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

28900

Registration District No. 403Registered No. 32
(For use of Local Registrar)(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 Louise Anderson

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 9-23-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cary Anderson(9) PRESENT POSTOFFICE OF FATHER Barney, S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Barney Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jones(15) PRESENT POSTOFFICE OF MOTHER Barney, S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Barney Co., S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Karnahil 12 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Irma Greenhill(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barney, S.C.

Given name added from a supplemental report

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

19...
Registrar(27) Filed 9-26-22 (28) Herbert Folk
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.