

(1) PLACE OF BIRTH

County of ClarendonTownship of Northor  
Inc. Town ofor  
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

1908

Registration District No. 2017 Registered No. 11  
(For use of Local Registrar)(2) Full Name of Child Eddie Edner Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 23<sup>rd</sup> 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Eddie Anderson

(9) PRESENT POSTOFFICE OF FATHER

Scranton RFD #1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Public Work

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Barfield

(15) PRESENT POSTOFFICE OF MOTHER

Scranton RFD #1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Clarendon County SC

(19) OCCUPATION

Farmer

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

D. A. Olan

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

MidwifeLake City SC RFD #1

Given name added from a supplemental report

Feb. 25<sup>th</sup> 1914D. A. Olan

Registrar

(26) Witness

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

(27) Filed

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(28)

D. A. Olan

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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