

Form No. 1
 COUNTY OF Albion
 TOWNSHIP OF Granville
 OR
 INC. TOWN OF
 OR
 CITY OF (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36901

County of Albion
 Township of Granville
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)

Registration District No. Registered No. 8/

(For use of Local Registrar)

(2) Full Name of Child Mattie 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 Nov 12 19 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Doc Anderson

(14) NAME BEFORE MARRIAGE Lue Hunter

(9) PRESENT POSTOFFICE OF FATHER Granville

(15) PRESENT POSTOFFICE OF MOTHER Granville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE A.C.

(18) BIRTHPLACE A.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Home wife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Manda Hunter

(24) State whether Physician or 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)

19 22 Registrar

(27) Filed Dec 10 19 22 (28) J. M. Hunter 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.