

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 6.
MCGRAW OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of Dillon
Township of
OR
Inc. Town of Dillon
OR
City of

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

File No.—For State Registrar Only
42050

Registration District No. 16-A Registered No. 62
(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 William Bryant Anderson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 25 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cleo Eugene Anderson

(9) PRESENT POSTOFFICE OF FATHER Dillon, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Gen. Merchant

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Parker

(15) PRESENT POSTOFFICE OF MOTHER Dillon, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Marion County

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. P. Craig

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Dillon, S.C.

Give name added from a supplemental report

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

(27) Filed Dec 27 1922 (28) R. P. Craig 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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