

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

File No. — For State Registrar Only  
**87573**

(1) PLACE OF BIRTH

County of Sumter  
Township of Sumter  
or  
Inc. Town of Sumter  
or  
City of Sumter

Registration District No. 41C Registered No. 229  
(For use of Local Registrar)

(No. 114 Edward St.; ..... 3 ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 20 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Trezzant B. Anderson  
(9) PRESENT POSTOFFICE OF FATHER Sumter  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE St Charles, SC  
(13) OCCUPATION mechanic  
(20) Number of children born to mother, including present birth Two

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Elizabeth Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Sumter, SC  
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Creechwood, SC  
(19) OCCUPATION Seamstress  
(21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ... born alive at 2:20 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Rebecca Nelson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, SC

Given name added from a supplemental report  
.....  
19.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) File Nov 20 1916 (28) [Signature] 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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