

(1) PLACE OF BIRTH

County of Inderrow
Township of Asannah
or
Inc. Town of
or
City of

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

Registration District No.

No. 205 — For State Registrar Only

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child unnamed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Jan 23, 23
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Anderson
(9) PRESENT POSTOFFICE OF FATHER Nal Kuman
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY X (Year)
(12) BIRTHPLACE Nal Kuman
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Joie Sullivan
(15) PRESENT POSTOFFICE OF MOTHER Starke S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Anderson Co. S.C.
(19) OCCUPATION Farmer

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

(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 Born alive at 79 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dannie L. Hild
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Starke, S.C.

(Given name added from a supplemental report)

(26) Witness
(Signature of Witness necessary only when question 23 is signed or marked)

(27) Filed Jan 24, 23 (28) L. J. Ladd Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.