

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 5.  
MICHIGAN, OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or Inc. Town of .....

or City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anne Hall

(3) BOY OR GIRL F

(4) Twin or Triplet? No  
To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 13 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. Harper Hall

(9) PRESENT POSTOFFICE OF FATHER Ira S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 39  
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Burdette

(15) PRESENT POSTOFFICE OF MOTHER Ira S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anne Rysing M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1-23 1923 (28) F. B. Clayton 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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At Registrar this return. Births

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

165

Registration District No. 3A Vol. 1 Registered No. 29

(For use of Local Registrar)

(No. Anderson Co. Hospital Ward)

If child is not yet named, make supplemental report as directed