

NAME OF MOTHER

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

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

No. 12810

Registration District No. 303 Registered No. 48
 (For use of Local Registrar)

City of Camdenville (No. 46 Summers St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Mabel White If child is not yet named, make supplemental report as directed

3 SEX Female 4 Type or Triplet No 5 Number in order of Birth 1 6 Age of Mother 29 7 DATE OF BIRTH May 1 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME Rev. E. C. White
 9 PRESENT POSTOFFICE OF FATHER Anderson
 10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 30
 12 BIRTHPLACE And Co
 13 OCCUPATION Pastor

MOTHER.
 14 NAME BEFORE MARRIAGE Mamie Cathey
 15 PRESENT POSTOFFICE OF MOTHER Anderson
 16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 29
 18 BIRTHPLACE Banks Co Ga
 19 OCCUPATION Housewife
 20 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4:05 M. on the date above stated. (Hour M. or P.M.)
 (22) (Signature) A. J. Smith
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Anderson

Give name added from a supplemental report

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

(26) Filed May 22 1923 (27) 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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