

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. R.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. — For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		8948	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>100</u>		Registered No. <u>94</u>	
(No. St. Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Ludanna Anderson</u>					
(If child is not yet named, make supplemental report as directed)					
(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>April 17, 1923</u>	
To be covered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Gussie Trice</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S.C. R.R. 9</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S.C. R.R. 9</u>		
(10) COLOR OR RACE <u>Blk</u>			(16) COLOR OR RACE <u>Blk</u>		
(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>E. T. Presley</u>					
(24) State whether Physician or Midwife (25) Address of Phys. or Midwife <u>Abbeville, S.C.</u>					
(26) Witness <u>E. T. Presley</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Signed <u>April 21, 1923</u> (28) <u>E. T. Presley</u> Local Registrar					
Given name added from a supplemental report					
19					
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.					

Revised by Columbia, S. C.