

(1) PLACE OF BIRTH

County of BerkleyTownship of Camden

Inc. Town of

City of

(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

File No.—For State Registrar Only

16881

Registration District No. 708 Registered No. 58

(For use of Local Registrar)

(2) Full Name of Child Samuel Anderson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? ye (7) DATE OF BIRTH June 30th 1923
(Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo. B. Anderson(9) PRESENT POSTOFFICE OF FATHER Camden S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary M. Myzick(15) PRESENT POSTOFFICE OF MOTHER Camden S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Burruss(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden S.C.

(Given name added from a supplemental report)

(26) Witness Killie L. L. L. (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed June 30th 1923 (28) D. L. Cross 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.