

WHITE 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.
 MCGRAW HILL COMPANY, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Hall
 OR
 Inc. Town of
 OR
 City of

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

File No.—For State Registrar Only
40835

Registration District No. 306 Registered No. 134
 (For use of Local Registrar)

(2) Full Name of Child

Viola Anderson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mike Anderson
 (9) PRESENT POSTOFFICE OF FATHER Ira
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(Years)
 (12) BIRTHPLACE And Co -
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Richardson
 (15) PRESENT POSTOFFICE OF MOTHER Ira
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27
(Years)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mrs. Richardson
 (24) State whether Physician or Midwife midwife (25) Address of Physi or Midwife Ira

Given name added from a supplemental report

 _____, 19 _____
 Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 29 1922 (28) W. W. Adams 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.