

MARGIN RESERVED FOR BINDING.

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.

State of Columbia

Form No. 1

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
 77313

(1) PLACE OF BIRTH
 County of Richland
 Township of Richland
 Inc. Town of _____
 or _____
 City of Monaghan
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child Mary Sue Anderson If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL?</u> GIRL	(4) <u>TWINS OR TRIPLET?</u> To be answered only in event of Twins or Triplets	(5) <u>NUMBER IN ORDER OF BIRTH</u> 1	(6) <u>AGE</u> Parent Married
---------------------------------	---	--	----------------------------------

<p style="text-align: center;">FATHER</p> <p>(8) <u>NAME</u> <u>R. R. Anderson</u></p> <p>(9) <u>PRESENT POSTOFFICE</u> <u>Monaghan</u></p> <p>(10) <u>COLOR OR RACE</u> <u>White</u></p> <p>(11) <u>AGE AT LAST BIRTHDAY</u> <u>47</u> (Years)</p> <p>(12) <u>BIRTHPLACE</u> <u>Abbeville S.C.</u></p> <p>(13) <u>OCCUPATION</u> <u>Shipping Clerk</u></p> <p>(20) <u>Number of children born to mother, including present birth</u> <u>7</u></p>	<p style="text-align: center;">MOTHER</p> <p>(14) <u>NAME BEFORE MARRIAGE</u> <u>Minnie Benson</u></p> <p>(15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Same</u></p> <p>(16) <u>COLOR OR RACE</u> <u>White</u></p> <p>(17) <u>AGE AT LAST BIRTHDAY</u> <u>37</u> (Years)</p> <p>(18) <u>BIRTHPLACE</u> <u>Rawlins, Tex.</u></p> <p>(19) <u>OCCUPATION</u> <u>Housewife</u></p> <p>(21) <u>Number of children of this mother now living, including present birth</u> <u>5</u></p>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C. A. Fournier

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

101

Registrar

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

(27) File No. 1015

(28) 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.