

(1) PLACE OF BIRTH

County of SumnerTownship of SumnerInc. Town of SumnerCity of Sumner

(If birth occurred 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 HealthRegistration District No. 23aNo. 32487Registered No. 171
(For use of Local Registrar)(2) Full Name of Child Herbert Wayne

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

(3) SEX Boy (4) Type or Order 1st (5) Number in order of birth 1st (6) DATE OF BIRTH 2-29-13
(Name of Month) (Day) (Year)FATHER: John Ramon Anderson (14) NAME BEFORE Bessie Carter
(15) PRESENT POSTOFFICE OF FATHER Sumner (16) PRESENT POSTOFFICE OF MOTHER Sumner
(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 21 (20) COLOR OR RACE White (21) AGE AT LAST BIRTHDAY 21
(22) BIRTHPLACE SC (23) OCCUPATION Electrician (24) OCCUPATION Domestic
(25) Number of children born to mother, including present birth 2 (26) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was Alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(28) (Signature) [Signature] (29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife [Address]Given name added from a supplemental report
19
Registrar(31) Witness [Signature] (Signature of Witness necessary only when question 27 is signed by mark)
(32) Filed Mar 9 1913 (33) Walter Williams 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.

Registrar

Registrar