

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Wedgefield  
 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

9285

Registration District No. 4102Registered No. 19  
(For use of Local Registrar)

(If birth occurs in a hospital, give name of same instead of street and number.)  
 (No. .... St. .... Ward ....)

(2) Full Name of Child Matilda 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

(6) Are Parents Married? Y(7) DATE OF BIRTH Mar 2, 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Frank Anderson(9) PRESENT POSTOFFICE OF FATHER Wedgefield(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 38  
(Year)(12) BIRTHPLACE SP(13) OCCUPATION Iron(20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Josephine Walker(15) PRESENT POSTOFFICE OF MOTHER Wedgefield(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 35  
(Year)(18) BIRTHPLACE SP(19) OCCUPATION Domestic(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 at 12:30 on the date above stated. (Born alive or stillborn) (Hour & M. of day)(23) (Signature) Charlotte Case

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed 3/1122 (by) M. P. Rife

\*When there was no attending physician or midwife, the father, householder, etc., should make this report. 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.