

(1) PLACE OF BIRTH

County of Richland
Township of Columbia

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

22446

Inc. Town of Registration District No. 3842 Registered No. 33
(For use of Local Registrar)City of (No.) (M.) (Ward)
(If birth occurs in a hospital or other inst., give name of same instead of street and number.)2) Full Name of Child Walter Anderson If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 27
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

1) FULL NAME Willie Anderson(14) NAME BEFORE MARRIAGE Beuley Balat2) PRESENT POSTOFFICE OF FATHER Columbia A#3(15) PRESENT POSTOFFICE OF MOTHER Columbia A#33) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE Colord (12) AGE AT LAST BIRTHDAY 30 (Years)4) BIRTHPLACE Richland Co(18) BIRTHPLACE Richland Co5) OCCUPATION Farmer(19) OCCUPATION Wash woman6) Number of children born to mother including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

7) I hereby certify that I attended the birth of this child, who was Willie Anderson (Born alive or stillborn) (Have A. M. or P. M.)
on the date above stated.(23) (Signature) E. B. Bell midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Midwife Col A#3(27) Filed Aug. 10, 1923 (28) E. M. Taylor 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.

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