Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 5303

(1) PLACE OF BIRTH

County of [illegible]

Township of [illegible]

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4010 Registered No. 11 (For use of Local Registrar)

(2) Full Name of Child Nat Names — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: B

(4) Twin or Triplet? — To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 6 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Will Anderson	(14) NAME BEFORE MARRIAGE Nora Irby
(9) PRESENT POSTOFFICE OF FATHER Raeben Ct	(15) PRESENT POSTOFFICE OF MOTHER Raeben C
(10) COLOR OR RACE B — (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE B — (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Laurens S C	(18) BIRTHPLACE Laurens S C
(13) OCCUPATION R R Sec hand	(19) OCCUPATION House work
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Madony Rice

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mt Raeben S C

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness J F Williams (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 20 1922 (28) J W Heatchett 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.

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.

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