

(1) PLACE OF BIRTH

County of Anderson
 Township of Aspen
 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

5907

Registration District No. 315 Registered No. 10
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 18, 1923
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>A. B. Anderson</u>		(14) NAME BEFORE MARRIAGE	<u>Agnes Cureton</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Liberty SC #2</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Liberty SC #2</u>	
(10) COLOR OR RACE	<u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE	<u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE	<u>SC</u>		(18) BIRTHPLACE	<u>SC</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>domestic work</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lyn Lasse Smith
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Liberty SC

Given name added from a supplemental report

(26) Witness.....

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

(27) Filed 4/10 1923 (28) W. L. C. 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.

WHITE FAMILY, BORN IN 1923. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Re-Case of Columns, Columns, B. C.