

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of SumterInc. Town of SumterCity of Sumter

(If birth occurs 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 Health

File No.—For State Registrar Only

24119

Registration District No. 4108Registered No. 129  
(For use of Local Registrar)(2) Full Name of Child Carrie Anderson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>one</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 21, 1929</u> (Name of Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Varman Anderson(9) PRESENT POSTOFFICE OF FATHER Csuey St(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Sumter County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Marree Maguire(15) PRESENT POSTOFFICE OF MOTHER Csuey St(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Sumter County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Carrie Anderson at 8 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Anderson(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Carrie Anderson

Given name added from a supplemental report

W. M. M. LeePaul. The 3.1. 1929

Registrar

(26) Witness Carrie Anderson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 21, 1929 (28) Carrie Anderson 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.

In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

REG. OF COLUMBIA, COLUMBIA S. C.