

MAKING RESERVED FOR BINDING.  
WITH PLAINLY, WITH PLAINLY, INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS, give name of each CHILD, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Spokane  
Township of Reidville  
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

5800

Registration District No 4607 Registered No. 1-5  
(For use of Local Registrar)

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

(2) Full Name of Child

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 Jan 29, 1922  
(State of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ernest Anderson (14) NAME BEFORE MARRIAGE Ernest Anderson  
(9) PRESENT POSTOFFICE OF FATHER Reidville S.C. (15) PRESENT POSTOFFICE OF MOTHER Reidville S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29  
(Years) (Years)  
(12) BIRTHPLACE D.C. (18) BIRTHPLACE D.C.  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 7 (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 Born alive at 11 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. W. Woodruff (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Reidville S.C.

Given name added from a supplement-  
tal report

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

(27) Filed Jan 10, 1922 (28) L. W. Woodruff 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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