

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilmingtonInc. Town of WilmingtonCity of Wilmington(No. 32 St. 32 Ward)

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

Registration District No. 32

File No. - For State Registrar Only

38468

Registered No. 177

(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL Girl4) Twin or Triplet? No5) Number in order of birth 26) Are Parents Married? Yes7) DATE OF BIRTH Dec 12 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME George B. Anderson9) PRESENT POSTOFFICE OF FATHER Wilmington10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Wilmington13) OCCUPATION Teacher14) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Levin Smith15) PRESENT POSTOFFICE OF MOTHER Wilmington16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)18) BIRTHPLACE Wilmington19) OCCUPATION Teacher20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wilmington

Given name added from a supplemental report

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

(27) Local Registrar W. L. Smith

If 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.