

(1) PLACE OF BIRTH

County of
 Township of
 or
 City, Town of

or
 Day of

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

(2) Full Name of Child Washington Anderson

(No. St. Ward)
 (If child is not yet named, make supplemental report as directed)

(3) Registration District No. 270.1. Registered No. 63
 (For use of Local Registrar)

(4) Sex Boy (5) Title or Name ✓ (6) Number in order of birth ✓ (7) Age in months 24 (8) Date of Birth 1/26/33
 To be answered only in event of Title or Name
 (Name of Month) (Day) (Year)

PATER.

(9) Full Name Unknown

(10) PRESENT
RESIDENCE
OF FATHER

(11) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

(15) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(16) I hereby certify that I attended the birth of this child, who was born alive, at 6:30 p.m.
 on the date above stated. (Born, A. M. or P. M.)
 (17) Signature H. Preus (18) Name of Physician or Midwife H. Preus

Given name added from a supplemental report

(19) 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.

"Now every woman giving birth to a child, however long the pregnancy, even during the first four months, 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."

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

File No. for State Register

14576

Registration District No. 270.1. Registered No. 63
 (For use of Local Registrar)

(No. St. Ward)

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

(10) DATE OF
 BIRTH 1/26/33
 (Name of Month) (Day) (Year)

MOTHER.

(11) NAME BEFORE
 MARRIAGE Kottie Anderson

(12) PRESENT
 RESIDENCE
 OF MOTHER Cambells R.

(13) COLOR
 OR
 RACE Lee (14) AGE AT LAST
 BIRTHDAY 22
 (Years)

(15) BIRTHPLACE Kingsland S.C.

(16) OCCUPATION Honestie

(17) Number of children of this mother
 ever born, including present birth 4

(18) Witness H. Preus (Signature of Witness necessary only
 when question 23 is signed by him)

(19) Date May 18, 1923 (20) Local Registrar
 (21) Name of Physician or Midwife H. Preus