

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 or  
 Inc. Town of .....  
 of  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

10349

Registration District No. 905Registered No. 30  
(For use of Local Registrar)(2) Full Name of Child Bessie Virginia Anderson If child is not yet named, make supplemental report as directed

(3) SEX-  
GIRL? ☐ (4) Twin  
or Triplet? ☐ (5) Number in  
order of birth  
To be answered only in event of Twin or Triplet (6) Are  
Parents  
Married? yes (7) DATE OF  
BIRTH April 2, 1922  
(State of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME Sam Anderson  
(9) PRESENT  
POSTOFFICE  
OF FATHER Johns Island  
(10) COLOR  
OR  
RACE Negro (11) AGE AT LAST  
BIRTHDAY 33  
(Years)  
(12) BIRTHPLACE Johns Island  
(13) OCCUPATION  
(20) Number of children born to  
mother, including present birth Five

## MOTHER

(14) NAME BEFORE  
MARRIAGE Elba Clark  
(15) PRESENT  
POSTOFFICE  
OF MOTHER Johns Island  
(16) COLOR  
OR  
RACE Negro (17) AGE AT LAST  
BIRTHDAY 30  
(Years)  
(18) BIRTHPLACE Florida  
(19) OCCUPATION  
(21) Number of children of this mother  
now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Annie F. Kney

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

midwifeJohns IslandGiven name added from a supplement-  
tal report:

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mother)

Registrar

(27) Date April 2, 1922(28) Local Registrar Mrs. C. M. Hylle

\*When there was no attending physician or midwife, then the father, householders, 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 birth month of September.