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U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken

Township of Langley

or  
Inc. Town of \_\_\_\_\_

or  
City of \_\_\_\_\_

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 217

FILE No.—For State Registrar Only

Registered No. \_\_\_\_\_  
(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 Walter Pleasant Anderson { If child is not yet named, make supplemental report as directed

3. Boy ☒ Girl ☐ If Plural births ☐ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature ..... Full term ..... 7. Are Parents Married? yes 8. Date of birth Nov 25, 1916  
(Month, day, year)

9. Full name Walter Newton Anderson  
FATHER

18. Name before marriage Ella Altair Key  
MOTHER

10. Residence (mailing address)  
(If non-resident, give place and State) Langley SC

19. Residence (mailing address)  
(If non-resident, give place and State) Langley S.C.

11. Color or race W 12. Age at child's birth 26 (years)

20. Color or race..... 21. Age at child's birth 23 (years)

13. Birthplace (city or place) AUGUSTA GA  
(State or country)

22. Birthplace (city or place) Aiken SC  
(State or country)

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work  
..... 19.....

25. Date (month and year) last engaged in this work  
..... 19.....

27. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living....1.... (b) Born alive but now dead....1.... (c) Stillborn .....

28. If stillborn, period of gestation..... { months weeks } 29. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return. }

Given name added from a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) Walter Newton Anderson, Parent  
or \_\_\_\_\_ Guardian

Address 2118 Stevens R.O.C.

Filed 7-6, 19 50 Thos. P. Lesesne  
Registrar. ihc

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)