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6/22/50U. S. Dept. of Commerce
Bureau of the Census

16 092902

1. PLACE OF BIRTH

County of AikenTownship of Langleyor
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 <input checked="" type="checkbox"/>	If Plural births	4. Twins, triplets or other.....	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Nov 25</u> , 19 <u>16</u> (Month, day, year)
5. Number, in order of birth.....		Full term			

9. Full name WALTER NEWTON ANDERSON
FATHER18. Name before marriage EMMA ALTAIR KEY
MOTHER10. Residence (mailing address)
(If non-resident, give place and State) Langley, S.C.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, S.C.
(State or country)14. Trade, profession or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. BARBER23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. HOUSEWIFE15. 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.....17. Total time (years)
spent in this work.....25. Date (month and year) last
engaged in this work
....., 19.....26. Total time (years)
spent in this work.....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)

Registrar.

(Signed) Walter Newton Anderson, Parent

or _____ Guardian

Address 2118 Stevens R.O.C.Filed 7-6, 1950 Thos. P. Lesesne

Registrar. ihc

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.)