

(1) PLACE OF BIRTH

County of Greenville
 Township of Austin
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for this birth only
17772

Registration District No. 2200 Registered No. 729
 (For use of Local Registrar)

City of (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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 15 1929</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Harvey Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Ida Jackson</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY (Year)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)	
(12) BIRTHPLACE <u>[illegible]</u>			(18) BIRTHPLACE <u>farmer</u>	
(13) OCCUPATION <u>[illegible]</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Miller & Cooper
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. R. Cook
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 10 1929 (28) L. P. Richardson
 Registrar Local Registrar

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.

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