

Form No. 1.

(1) PLACE OF BIRTH

County of Fairfield  
 Township of Shelton S.C.  
 or  
 Inc. Town of Shelton S.C.  
 or  
 City of Shelton S.C.

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

64199

Registration District No. 19.00 Registered No. 42  
 (For use of Local Registrar)

(2) Full Name of Child Jerome Anderson  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet Twin (5) Number in order of birth 1 (6) Age 110 (7) DATE OF BIRTH June 2, 1916  
 (Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE May Anderson  
 (15) PRESENT POSTOFFICE OF MOTHER Shelton S.C.  
 (16) COLOR OR RACE Negro  
 (17) AGE AT LAST BIRTHDAY (Years) 39  
 (18) BIRTHPLACE Fairfield County  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 o'clock P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. A. Meadows, Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shelton, S.C.

Given name added from a supplemental report

(26) Witness Lizzie K. Wright  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 7, 1916 (28) H. G. Colvin Local 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.