

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21100

Registration District No. 22ARegistered No. 379

(For use of Local Registrar)

(2) Full Name of Child E. P. Anderson

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

(1) BOY OR GIRL GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 10th, 23</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. P. Anderson(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Charnel(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ALIVE at 7 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Nancy Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 374 Douthett St.,

Even name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Aug 3, 23

(28)

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the fifth month of pregnancy.