

## (1) PLACE OF BIRTH

County of Barrowell  
 Township of Waller  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 2928 - For State Registrar Only

Registration District No. 51.3 Registered No. 6  
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Anderson

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

(3) SEX OF CHILD Girl (4) Type of Birth To be reported only in event of Twin or Triple (5) Number in order of birth yes (6) Are Parents Married yes (7) DATE OF BIRTH Feb 8 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Irvin Anderson  
 (9) PRESENT RESIDENCE OF FATHER Hickory SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (Year) (12) BIRTHPLACE SC  
 (13) OCCUPATION Harbor Hand  
 (14) Number of children born to mother, including present birth 16

MOTHER.  
 (14) NAME BEFORE MARRIAGE Carrie Number  
 (15) PRESENT RESIDENCE OF MOTHER Hickory SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Year) (18) BIRTHPLACE SC  
 (19) OCCUPATION Wife and Harbor Hand  
 (20) Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Bear A. M. or P. M.)

(22) (Signature) Irvin Anderson

(23) State whether Physician or Midwife Midwife Address of Physician or Midwife Hickory SC

Given name added from a supplemental report

(24) Witness W. Johnson

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

(25) Filed Feb 11 1922

19  
 Registrar

When there was no attending physician or midwife, then the father, husband, or mother must not be reported as stillborn. No report before the fifth month of pregnancy.