

(1) PLACE OF BIRTH

County of Oeffn.
Township of Greys
or
Inc. Town of Frankville
or
City of

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

No. for State Registrar Only
26819

Registration District No. 2-B Registered No. 52
(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 Frances Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Type of Birth — (5) Number in order of Birth — (6) Are Parents Married ✓ (7) DATE OF BIRTH Sept 22 1923

FATHER.
(8) FULL NAME B. T. Anderson
(9) PRESENT POSTOFFICE OF FATHER Frankville S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE Bonnell Co
(13) OCCUPATION Barber
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Kennedy
(15) PRESENT POSTOFFICE OF MOTHER Frankville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)
(18) BIRTHPLACE Conrad S
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born ... at ... 11 ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. L. Mendenhall
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Frankville S.C.

Given name added from a supplemental report
See Affidavit
3/15/25
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed at 23 HLB Lumball's 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.

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