

## (1) PLACE OF BIRTH

County of OceanTownship of GreysInc. Town of GranvilleCity of Granville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

26819

Registration District No. 2-BRegistered 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) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married ✓ (7) DATE OF BIRTH Sept 22 1931

## FATHER.

(8) FULL NAME B. T. Anderson(9) PRESENT POSTOFFICE OF FATHER Granville S.C.(10) COLOR OR RACE M (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Barnwell 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 Granville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Barnwell S(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 11:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. A. Marshall(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Granville S.C.

Given name added from a supplemental report

See Affidavit  
3/15/45  
R. D.  
Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Oct 23 1931 (27) Local Registrar. W. R. Turnbull

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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