

1) PLACE OF BIRTH

County of Spartanburg

Township of Woodruff

or  
Inc. Town of  
or

City of (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  
**79368**

Registration District No. 4009 Registered No. 127  
(For use of Local Registrar)

2) Full Name of Child. Viola Dendy 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 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 6 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Arthur Anderson</u>		14) NAME BEFORE MARRIAGE <u>Sara Dendy</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Woodruff S.C. 12</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff S.C.</u>	
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
12) BIRTHPLACE <u>Spartanburg Co.</u>		18) BIRTHPLACE <u>Summers Co.</u>	
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>House work</u>	
20) Number of children born to mother, including present birth <u>One</u>		21) Number of children of this mother now living, including present birth <u>One</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

22) I hereby certify that I attended the birth of this child, who was Alive at 9.30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. N. Workman  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Woodruff S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 10 1916 (28) Chas. L. Boyter 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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