

1) PLACE OF BIRTH

County of Spartanburg
 Township of Woodruff
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (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? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 6 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME Arthur Anderson

(14) NAME BEFORE MARRIAGE Sara Dendy

(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C. 21

(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Spartanburg Co.

(18) BIRTHPLACE Spartanburg Co.

(13) OCCUPATION Farmer

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth One

(21) Number of children of this mother now living, including present birth One

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 Physician (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(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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