

(1) PLACE OF BIRTH

County of GilbertTownship of Way

Inc. Town of

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 HealthFile - for this birth
9022Registration District No. 2.04 Registered No. 31
(For use of Local Registrar)(2) Full Name of Child Martha Mae Anderson If child is not yet named, make supplemental report as directed(3) SEX OR GENDER 2 (4) Type or Trade - (5) Number in order of birth - (6) Age at birth 2 (7) DATE OF BIRTH 4/16/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Anderson(9) PRESENT RESIDENCE OF FATHER Marionette SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Mill operator(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leila Mae Miller(15) PRESENT RESIDENCE OF MOTHER Warrenville SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE GA(19) OCCUPATION Mill operator

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour 'A.' or P.M.)(22) (Signature) S. A. Marshall

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed May 2nd 1922 (27) Local Registrar W. H. Turnbull, M.D.

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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