

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenvilleor  
Inc. Town of .....  
orCity 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 No. For State Registrar Only  
**30993**Registration District No. 2904, Registered No. 104  
(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child, Eliza May Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1st</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 18 1921</u> (Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Nicholas Anderson</u>		<u>Anna Cunningham</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Pawleys R.R. 2</u>		<u>Pawleys R.R. 2</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(12) COLOR OR RACE <u>White</u>		(13) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Pawleys Co.</u>		(13) BIRTHPLACE <u>Pawleys Co.</u>			
(14) OCCUPATION <u>Farmers</u>		(15) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 40 (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.(23) (Signature) Mrs. L. C. Walker(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Myrtle Avenue

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only)

When question 23 is signed by nurse

(27) Filed Sept. 22 1921 (28) L. C. Walker 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, must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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