

(1) PLACE OF BIRTH

County of Anderson
Township of Center
OF
Inc. Town of Anderson
OF
City of Anderson

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. — For State Registrar Only
19809

Registration District No. 303 Registered No. 72
(For use of Local Registrar)

(No. 45 B Bradley St.; Ward)
If birth occurs in a hospital or other institution, give name of and number.)

(2) Full Name of Child Josephine Peterson If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Type Single 5. Number in Year of Birth 1 6. Age (Years Months) Year 7. DATE OF BIRTH June 20 22
To be completed only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
8. FULL NAME Wingley Peterson
9. PRESENT POSTOFFICE OF FATHER Anderson S.C.
10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 24
12. BIRTHPLACE S.C.
13. OCCUPATION Laborer
14. Number of children born to mother, including present birth 2

MOTHER
14. NAME BEFORE MARRIAGE Watherine Burton
15. PRESENT POSTOFFICE OF MOTHER Anderson S.C.
16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 20
18. BIRTHPLACE S.C.
19. OCCUPATION Domestic
20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 9:50 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) Signature [Signature]
(24) State South Carolina (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report
....., 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
F. B. CRAYTON,
(27) Filed 19 .. (28) **ANDERSON,** 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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