

(1) PLACE OF BIRTH

County of Anderson...
 Township of Corn...
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only

6437

Registration District No. 304 Registered No. 32
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annand Lucy Black If child is not yet named, make supplemental report as directed

(3) SEX GIRL (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 27 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William F. Black
 (9) PRESENT POSTOFFICE OF FATHER Low, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Anderson Co S.C.
 (13) OCCUPATION Farm.
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Folia Lora Brown
 (15) PRESENT POSTOFFICE OF MOTHER Low S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Anderson Co S.C.
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 12:35 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Brown M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Low 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

Mar 30 1922 (28) S. M. McAdams 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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