

Form No. 1

## (1) PLACE OF BIRTH

County of LenoirTownship of Lynchburg

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan, 16, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>James Anderson</u>	14) NAME BEFORE MARRIAGE <u>Lelia M. Anderson</u>	9) PRESENT POSTOFFICE OF FATHER <u>Ellertt S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Ellertt S.C.</u>
10) COLOR OR RACE <u>Negro.</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
12) BIRTHPLACE <u>Sumter Co. S.C.</u>	18) BIRTHPLACE <u>Sumter Co. S.C.</u>	13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Farmer</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>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11. 2. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Nancy L. Lusk

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Ellertt 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 1/28 1916 (28) J. T. McArthur 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.

WHERE PLAINLY, WITH READING INK—THIS IS A LEGAL DOCUMENT, AND MUST BE KEPT IN A SAFE PLACE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

McGraw-Hill Co.

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

File No.—For State Registrar Only  
46744