

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

3913

County of Greene
Township of Santa Fe
or
inc. Town of
or
City of

Registration District No. 4111

Registered No.
(For use of Local Registrar)

(10)

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

(2) Full Name of Child Fred Anderson

If child is not yet named, make supplemental report as directed

2. BOY OR GIRL? *Boy* (4) Twin or Triplet (5) Number in order of birth /

(19) Age 18 Months 10 Days 20 19 63
(Name of Month) (Day) (Year)

FATHER

1. FULL NAME Frank Anderson

PRESENT
POSTOFFICE
OF FATHER *Cherry Lane*

(10) COLOR OR RACE	<i>Caucasian</i>	(11) AGE AT LAST BIRTHDAY	<i>30</i>
			(Years)

(12) **ENTHUSIASM**
9. a true love

(13) OCCUPATION
Teacher

20) Number of children born to mother, including present birth 4

NOTICE

(14) NAME BEFORE MARRIAGE Carson Glenn

(18) PRESENT POSTOFFICE OF MOTHER *Georgetown*

(16) COLOR OR RACE *B. ind* (17) AGE AT LAST BIRTHDAY **29**
(Years)

115" BIRTHPLACE

IN OCCUPATION General

02.11.2012

71) Number of children of the mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was _____
on the date above stated. Born alive or stillborn _____ Sex _____ M or F _____

(28) (Signature)

(25) State whether Physician or Midwife

(2b) Address of Physician or Midwife

(Given name added from a supplementary report)

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

March 4 1923 (25) Q. N. Johnston
Local Registrar.

When there are attending physician or midwife, then the father, householder, etc. should make this report.
If a child becomes even sick it must not be reported as stillborn. No report is desired of children
before the fifth month of pregnancy.