

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH INK. THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 THE OTHER, No 2, etc. in question 3.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
27066

County of Anderson

Township of Union

Inc. Town of

Registration District No. 303

Registered No. 108
(For use of Local Registrar)

City of (No. St. Ward) 108
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John H. Anderson
(9) PRESENT POSTOFFICE OF FATHER Union, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Anderson, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Anderson
(15) PRESENT POSTOFFICE OF MOTHER Union, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Anderson, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James H. Anderson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness when question 26 is answered)

(27) Filed 19

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.