

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of P.O. Dunes  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12186

Registration District No. 4105 Registered No. 33  
 (For use of Local Registrar)

City of ..... (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 Alexander Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No To be answered only in event of Twin or Triplet (5) Are Parents Married? yes (6) DATE OF BIRTH April 12, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Alexander Anderson(8) PRESENT POSTOFFICE OF FATHER Dunes(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 29 (Year)(11) BIRTHPLACE Dunes(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Martin Sargent(15) PRESENT POSTOFFICE OF MOTHER Dunes(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Dunes(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Appie Anderson (23) Address of Physician or Midwife Dunes

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness Appie Anderson (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed April 12, 1923 (27) 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.