(1) PLACE OF BIRTH

County of Anderson

Township of Brushy Creek

or

Inc. Town of .....

or

City of .....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 227

Registration District No. 302 Registered No. 7

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(3) SEX OR SEXES: Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH: Jan. 17, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Louis Anderson

(9) PRESENT POSTOFFICE OF FATHER: Easley #4

(10) COLOR OR RACE: colored

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Anderson Co S C

(13) OCCUPATION: Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE: Dassie Day

(15) PRESENT POSTOFFICE OF MOTHER: Easley S C #4

(16) COLOR OR RACE: colored

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Anderson Co

(19) OCCUPATION: Farmer

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:00 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Matilda Kirton

(24) State whether Physician or Midwife: mid wife

(25) Address of Physician or Midwife: Easley #4

Given name added from a supplemental report .....

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 24 1923 (28) J. R. Morton (Local Registrar)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.