

Form No. 1.

(1) PLACE OF BIRTH

County of Marion
Township of Marion

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

86584

Inc. Town of or
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. William Anderson ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>7</u>	(6) Are <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>Oct. 22, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Jerem Luther Anderson
(9) PRESENT POSTOFFICE OF FATHER Sellers S C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Harley County
(13) OCCUPATION Saw Mill
(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Williams
(15) PRESENT POSTOFFICE OF MOTHER Sellers S C
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Marion County
(19) OCCUPATION house work
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John M. Bass
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 16, 1916 (28) J. P. Stebbins 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.
McCaw, of Columbia