

Form No. 1.

(1) PLACE OF BIRTH

County of *Marion*
Township of *Woods*

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 Registration District No. *W-4* Registered No. *73*
(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. *William Anderson* ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth *7* (6) Are *Yes* Parents Married? (7) DATE OF BIRTH *Oct. 22, 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Jerm Luther Anderson*
(9) PRESENT POSTOFFICE OF FATHER *Sellers S C*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *39* (Years)
(12) BIRTHPLACE *Haris 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 *6 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) *W. H. ...*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *...*

Given name added from a supplemental report
..... 191...
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled *Nov 16, 1916* (28) *J. P. ...* 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.
McCraw, of Columbia