

(1) PLACE OF BIRTH

County of AlbemarleTownship of Buzzor Town of Warrentonville

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

Registration District No. 20thNo. 5653Registered No. 17
(For use of Local Registrar)(2) Full Name of Child Arthur Nelson Anderson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 23 (6) Are Parents Married? Y (7) DATE OF BIRTH Mar 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Anderson(9) PRESENT POSTOFFICE OF FATHER Warrentonville SC(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Miss teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Mae Bridges(15) PRESENT POSTOFFICE OF MOTHER Warrentonville SC(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE NC(19) OCCUPATION House wife(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 born at 1:20 PM on the date above stated.
(Born alive or stillborn. (Hour ' M. or P. M.))(23) (Signature) S. G. Marshall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Warrentonville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 10 1923(28) John Turnbull, D. M. D.
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.

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