

11/17/24.

(1) PLACE OF BIRTH

County of Jupiter  
 Township of Proctor  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**37807**

Registration District No 4.1.2.4. Registered No. 11.2  
 (For use of Local Registrar)

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

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

(3) Sex Girl (4) Type or Triplet First born (5) Date of Birth NOV 15 23  
 To be covered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (14) Full Name Johnnie James  
 (15) Present Postoffice of Father Houston & V  
 (16) Color or Race Black (17) Age at Last Birthday 38 (Year)  
 (18) Birthplace Green Lake County  
 (19) Occupation Farmer  
 (20) Number of children born to mother, including present birth Fourteen

**MOTHER**  
 (14) Name before Marriage John Anderson  
 (15) Present Postoffice of Mother Andal SC 701  
 (16) Color or Race Black (17) Age at Last Birthday 38 (Year)  
 (18) Birthplace Sumter County  
 (19) Occupation "House Wife"  
 (21) Number of children of this mother now living, including present birth Fourteen

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 1:20 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Magalee Pearson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Andal SC 701

Given name added from a supplemental report

(26) Witness L. H. Anderson  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 11 1924 (28) James P. Davidson 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.

Sub Registrar