

MAGNIN RESERVES THE RIGHT OF PRINTING. WHEN PLACING, WITH EXPANSION, SEPARATE PLANK FOR CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

or City of Columbia

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

(2) Full Name of Child

Rufus Anderson

(3) BOY OR GIRL

girl

(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

Dec 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Beverly Anderson

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

blacksmith

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Francis Cannon

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

house work

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive at 4 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lilla Dixon

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

1718 wheat

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/18/16

(28)

Local Registrar

....., 19

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.