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1. PLACE OF BIRTH

County of Darlington, S.C.
 Township of Darlington, S.C.
 or
 Inc. Town of Darlington, S.C.
 or
 City of Darlington, S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00168

Registration District No. 15-A Registered No. _____
 (For use of Local Registrar)

(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 Lillie Belle Anderson { If child is not yet named, make supplemental report as directed.

3. ~~Boy~~ or Girl If Plural births { 4. Twin, triplet or other _____ 5. Number, in order of birth, 1 6. Premature _____ Full term yes 7. Are Parents Married? yes 8. Date of birth Jan 23, 1916
 (Month, day, year)

9. Full name FATHER Earnest Anderson 18. Name before marriage MOTHER Emma King Anderson

10. Residence (mailing address) (If non-resident, give place and State) Darlington, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Darlington, S.C.

11. Color or race white 12. Age at child's birth 21 (years) 20. Color or race white 21. Age at child's birth 23 (years)

13. Birthplace (city or place) (State or country) Darlington, S.C. 22. Birthplace (city or place) (State or country) Darlington, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sweeping 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. spooler

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. cotton mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. cotton mill

16. Date (month and year) last engaged in this work 1913 17. Total time (years) spent in this work 9 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 12

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn, period of gestation _____ (months) _____ (weeks) 29. Cause of stillbirth _____ (Before labor) _____ (During labor) _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, or other person making the return, shall make a supplementary report.)
True Copy.

(Signed) Emma Anderson Parent

Lillie Belle Anderson Guardian

Address Feb. 15, 1916 M.B. Woodward, M.D.

Filed _____, 19 _____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

County of Darlington, S.C.
 State of S. C.

2-10-43