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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. 6. Premature. Full term. 7. Are Parents Married? 8. Date of birth. 1916

9. Full name FATHER Earnest Anderson

18. Name before marriage MOTHER Emma R. 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

25. Date (month and year) last engaged in this work 1913

17. Total time (years) spent in this work 9

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 and sign a supplementary report.  
 True Copy:  
 Given and attested to this \_\_\_\_\_ (Date of) \_\_\_\_\_  
 \_\_\_\_\_ Registrar

(Signed) Emma Anderson Parent  
Ray F. L. Bullock Guardian  
 Address Feb. 15 1943 M.B. Woodward, M.D.  
 Filed \_\_\_\_\_ 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.)

OFFICE OF THE CLERK OF THE COURT OF S. C.  
 DARLINGTON COUNTY, S. C.