

(1) PLACE OF BIRTH

County of

Greenville

Township of

Gantt

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4356

Only

Registration District No. 2207

Registered No. 9

(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

Sarah Anderson

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 14, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fletcher Anderson

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C. R.F.D.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

N. C.

(13) OCCUPATION

Farming

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucinda Blake

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

N. C.

(19) OCCUPATION

Housework

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Betty Sherman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Greenville, S.C. Rt. 6

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 18, 22

(28) E. B. Hendrix 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.

Registrar

Local Registrar

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N. C. 191

FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.

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