

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Anderson  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 4504 Registered No. 160  
 (For use of Local Registrar)

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec 28 23</u>
FATHER.				MOTHER.
8) FULL NAME <u>William H. Anderson</u>				14) NAME BEFORE MARRIAGE <u>Rena Bellamy</u>
9) PRESENT POSTOFFICE OF FATHER <u>Hamm</u>				15) PRESENT POSTOFFICE OF MOTHER <u>Hamm</u>
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY (Years) <u>28</u>		16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY (Years) <u>29</u>
12) BIRTHPLACE <u>Hamlet, N.C.</u>				18) BIRTHPLACE <u>Hamlet, N.C.</u>
13) OCCUPATION <u>Farmer</u>				19) OCCUPATION <u>Farmer</u>
20) Number of children born to mother, including present birth <u>15</u>				21) Number of children of this mother now living, including present birth <u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. H. Anderson  
 (24) State whether Physician or Midwife (25) Address of Physn. or Midwife

(When name added from a supplemental report)

(26) Witness .....  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 4 1924 at Hamlet, N.C.

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.