

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Landville

Inc. Town of .....

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

8981

Registration District No. .... Registered No. .... 25

(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 James Henry Anderson (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 23 (6) Are twins marked? No (7) DATE OF BIRTH April 25, 1923(8) FATHER. (9) FULL NAME James Williams (10) PRESENT RESIDENCE OF FATHER Landville, S.C.(11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 49 (13) BIRTHPLACE S.C. (14) MOTHER. (15) FULL NAME Hattie Anderson (16) PRESENT RESIDENCE OF MOTHER Landville, S.C.(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 44 (19) BIRTHPLACE S.C.(20) OCCUPATION Farmer (21) OCCUPATION Farmer(22) Number of children born to mother, including present birth 2 (23) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was .... M., on the date above stated. (Survived or stillborn) (Hour A. M. or P. M.)

(25) (Signature) W. L. ...

(26) State whether Physician or Midwife (27) Address of Physician or Midwife

(Given name added from a supplemental report)

(28) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(29) Filed May 10, 1923 (30) James Williams 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.

REASON RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

RECEIVED BY CLERK, COLUMBIA, S. C.