

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only

37736

County of Spartanburg

Township of Glendale

City of Glendale

Registration District No. 4008

Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Willie Anderson If child is not yet named, make supplemental report as directed

(2) SEX Boy (3) Type or Triplet No (4) Number in order of birth 1 (5) Age no (6) DATE OF BIRTH Sept. 25, 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lloyd Brown</u>	(14) NAME BEFORE MARRIAGE <u>Hessie Anderson</u>	(18) PRESENT RESIDENCE OF FATHER <u>Glendale</u>	(18) PRESENT RESIDENCE OF MOTHER <u>Glendale</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>R.F. D #6 Spartanburg</u>	(15) BIRTHPLACE <u>North Carolina</u>	(13) OCCUPATION <u>Millwork</u>	(19) OCCUPATION <u>Millwork</u>
(9) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. Hour M. or P. M.

(23) (Signature) A. M. Allen  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg SC

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed 19 (28) 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.

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