

## (1) PLACE OF BIRTH

County of AndersonTownship of 11or  
Inc. Town of 11or  
City of 11

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24614

Registration District No. 3A Registered No. 296

(For use of Local Registrar)

(2) Full Name of Child Sammie J. Derrick (No. 1 Wm. are St.; 1 Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 18, 1911</u> (Name of Month) (Day) (Year)
--------------------------------	-----------------------------------	--	--	---

## FATHER.

(8) FULL NAME S. J. Derrick(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Roborn Co. Ga(13) OCCUPATION merchant(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rilla Whitworth(15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Franklin Co. Ga(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed 10 (28) I. B. CRAYTON, Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.