

(1) PLACE OF BIRTH

County of AndersonTownship of Bellin

Inc. Town of

City of

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

(2) Full Name of Child

Fred Arnold

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 26 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Andy Arnold</u>	(9) PRESENT RESIDENCE OF FATHER <u>Bellin SC</u>	(10) NAME BEFORE MARRIAGE <u>Louis Rouse</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Bellin SC</u>

(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(14) COLOR OR RACE <u>negro</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Year)
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(16) BIRTHPLACE <u>Bellin SC</u>	(17) OCCUPATION <u>Truck</u>
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(18) DECEASED <u>Labore</u>	(19) Number of children of this mother now living, including present birth <u>5</u>
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(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date Mar 5 1923

(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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WHITES PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.