

W. 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 5.

(1) PLACE OF BIRTH

County of Anderson
Township of
OR
Inc. Town of
OR
City of
(If birth occurs in a hospital or other institution)

(2) Full Name of Child Henry

(3) ~~BOY OR~~
~~GIRL~~

(4) ~~Twin~~
~~or triplet?~~

(5) ~~Mark~~

To be answered only in event of Twin or Triplet

FATHER

(8) FULL
NAME

Henry Alexander

(9) PRESENT
POSTOFFICE
OF FATHER

Anderson

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to
mother, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN

(22) I hereby certify that I attended the birth
on the date above stated.

Given name added from a supplementary report

19.....
Registrar

*When there was no attending physician, fill in
if a child breathes even once.