

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
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 William Ray Barrett(3) BOY OR
GIRL(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Dec 19 1923
(Name of Month) (Day) (Year)(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER.

(11) AGE AT LAST
BIRTHDAY 3 1/2
(Years)

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:45
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 1 19 23 at Anderson S. C.
CRAYTON, 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 before the fifth month of pregnancy.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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RECEIVED AT COLUMBIA, S. C.

RECEIVED AT COLUMBIA, S. C. JAN 1 1923. THE OTHER, No. 2, etc., in question 5.