

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

(2) Full Name of Child Sybil Louise Willingham

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 30 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fred Willingham</u>			(14) NAME BEFORE MARRIAGE <u>Eliza Hughes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Newry SC</u>		(18) BIRTHPLACE <u>Seberton Ga.</u>		
(13) OCCUPATION <u>Painter</u>		(19) OCCUPATION <u>domestic</u>		
(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>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Lorne alive at 3:15 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Aspen M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson SC

Given name added from a supplemental report

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

F. B. CRAYTON,(27) Filed 19(28) ANDERSON SC

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.

(Date of)

Address Route 1, Anderson SC
Filed AUG. 20 1941

Registrar