

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson Hospital

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

(2) Full Name of Child

Brother Elizabeth B. Tuttle

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH

July 7, 1943

FATHER.

(8) FULL NAME

Robert Clayton Whitten

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Greene Co.

(13) OCCUPATION

Salem Grocery

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Ruth Abbott

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Waltham S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Anderson S.C.

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed

7-1723

(28)

ANDERSON

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.

(Date of)

Address Anderson S.C.Filed AUG. 2019 43

Registrar