

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of Anderson (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Hubert Whiting If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1st(6) Are Parents Married yes(7) DATE OF BIRTH Dec 27  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME C. F. Winkler(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 7  
(Years)(12) BIRTHPLACE Anderson, S. C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 10

## MOTHER

(15) NAME BEFORE MARRIAGE James Clemmons(16) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 34  
(Years)(19) BIRTHPLACE Anderson, S. C.(20) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 10:14 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Clemmons

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

F. B. CRAYTON,

(28) Filed

19

(29)

ANDERSON, S. C.

(30) 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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