

(1) PLACE OF BIRTH

County of

Anderson

Township of

Inc. Town

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

Mary Sue Fisher

Sex

Girl

Type

or Type

Color

or Color

Age

at Birth

Date

of Birth

Month

Day

Year

To be given only in event of Twin or Triple

FATHER

Full Name

J. L. Fisher

Present Residence

Anderson S. C.

Color

White

Age at Last Birthday

32

Birthplace

S. C.

Occupation

Septic work

Number of children born to mother, including present one

2

MOTHER

Full Name

Math's Miles on

Present Residence

Anderson S. C.

Color

White

Age at Last Birthday

29

Birthplace

S. C.

Occupation

Domestic

Number of children of this mother now living, including present one

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Address of Physician or Midwife

(28) Address of Physician or Midwife

(29) Address of Physician or Midwife

(30) Address of Physician or Midwife

(Given name added from a supplemental report)

(31) Witness

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

(32) Date

Feb. 16, 1923

(33) Local Registrar

(34) 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 of stillbirths before the fifth month of pregnancy.