

(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 Robert Glenn Revis

File No.—For State Registrar Only

19791Registered No. 17518-2
(For use of Local Registrar)3) BOY OR GIRL boy4) Twin or Triplet? -5) Number in order of birth 1

To be answered only in event of Twins or Triplets

6) Are Parents Married? yes

7) DATE OF

BIRTH June 20 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

James Elijah Revis

9) PRESENT POSTOFFICE OF FATHER

Liberty R.F.D.

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

36

(Years)

12) BIRTHPLACE

Pickens Co S.C.

13) OCCUPATION

Farmer

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

1 3 1/2

MOTHER.

14) NAME BEFORE MARRIAGE

Elise Masters

15) PRESENT POSTOFFICE OF MOTHER

Liberty R.F.D.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

32

(Years)

18) BIRTHPLACE

Pickens Co S.C.

19) OCCUPATION

Domestic

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

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... live ...at 6:50 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. W. Guffin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Central S.C.

Given name added from a supplemental report

W. A. R. Revis
affid. 12/6/43
Registrar

(26) Witness

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

(27) Filed July 10 1922

(28)

J. H. Anderson
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.

A. E. Cooper