

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
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

Martha Louise FarrFile No.—For State Registrar Only
20826Registration District No. 3ARegistered No. 23-4
(For use of Local Registrar)3 BOY OR GIRL? girl

4 Twin or Triplet?

5 Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH July 31, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Perry Millard Farr

9 PRESENT POSTOFFICE OF FATHER

Anderson SC. Toxaway mill10 COLOR OR RACE w

(11) AGE AT LAST BIRTHDAY

34
(Years)

12 BIRTHPLACE

Franklin Co. Ga

13 OCCUPATION

Textile

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Anderson SC(16) COLOR OR RACE w

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Hart Co. Ga.

(19) OCCUPATION

domestic

20 Number of children born to mother, including present birth

4

(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 Louise Farr at 2 P. M., on the date above stated. (Born alive or stillborn Hour * M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M.B. Woodward M.D.Sept. 1/18/43 19 43
Registrar

(26) Witness

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

(27) Filed

19

(28)

F.B. CRAWTON
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.

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