

(1) PLACE OF BIRTH

County of AndersonTownship of 1

or

Inc. Town of 1

or

City of 4

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

(2) Full Name of Child male Josephine Banton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yo</u>	(7) DATE OF BIRTH <u>June 12, 1902</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME C. M. Banton(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Bourne, Ga.(13) OCCUPATION mill operator(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jodie May Cleveland(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Savonia, Ga.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 24 (28) F. B. CRAYTON, S. C.

*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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