

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
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 Hubert Skeltose

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>1</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>8 25 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Elbert Burre Skeltose(9) PRESENT POSTOFFICE OF FATHER Anderson SC.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39  
(Year)(12) BIRTHPLACE Wart Co. Ga.(13) OCCUPATION Iron mill(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Adeline Skeltose(15) PRESENT POSTOFFICE OF MOTHER Anderson SC.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE Heart Co. Ga.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson SC.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 has been signed)  
CRATON,(27) Filed 19 (28) ANDERSON, S.C.  
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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