

(1) PLACE OF BIRTH

County of AndersonTownship of Union

or

Inc. Town of Anderson

or

City of Anderson

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

Registration District No. 2A

File No.—For State Registrar Only

24451Registered No. 48
(For use of Local Registrar)(2) Full Name of Child Robert Goss

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

3) ~~BOY OR~~
GIRL?4) Twin
or Triplet?(5) Number in
order of birth(6) ~~Age~~
Married?

(7) DATE OF

BIRTH Aug. 23, 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEStokas Goss(9) PRESENT
POSTOFFICE
OF FATHERUnion S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY25
(Years)

(12) BIRTHPLACE

Anderson County

(13) OCCUPATION

R.R. Baggage Clerk(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGEMay Henson(15) PRESENT
POSTOFFICE
OF MOTHERUnion S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY28
(Years)

(18) BIRTHPLACE

Anderson County

(19) OCCUPATION

Homemaker(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harold Wynn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed

9/5/25

(28)

St. Andrews
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 if stillbirths
before the fifth month of pregnancy.If a child breathes even once, it must not be reported as stillborn. No report is desired if stillbirths
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