

(1) PLACE OF BIRTH

County of Anderson
 Township of Trinity Creek
 OF
 Inc. TOWN of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
19797

Registration District No. 902

Registered No. 461
 (For use of Local Registrar)

(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 James C. Sisson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2, 1923
 To be answered only in event of Twins or Triplets (8) (Month) (Day) (Year)

FATHER.

(8) FULL NAME John Sisson
 (9) PRESENT POSTOFFICE OF FATHER Easley S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Makepeace
 (15) PRESENT POSTOFFICE OF MOTHER Easley S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE Greenville Co., S.C.
 (19) OCCUPATION Housewife

(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 born alive at 3 A.M. 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 Physician Easley, S.C. 1173

Given name added from a supplemental report

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

(27) Filed July 2, 1923 (28) [Signature] 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.

Registrar [Signature] Local Registrar [Signature]

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.