

(1) PLACE OF BIRTH

County of Anderson S.C.

Township of

Inc. Town of

City of

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

(2) Full Name of Child

(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 15 (7) DATE OF BIRTH Nov 6 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam J. Hilbunkus
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
 (Year) (12) BIRTHPLACE Hall Co. Ga.
 (13) OCCUPATION mill operator

MOTHER.
 (14) NAME BEFORE MARRIAGE Lillian Hilbunkus
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Year) (18) BIRTHPLACE Anderson S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1(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 11 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. J. Bonner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is stated) B. CRAYTON(27) Filed 19 (28) ANDERSON S.C. 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.

Supplementary report

(Date of)

Address

Filed

19

Return