

(1) PLACE OF BIRTH

County of Anderson

Township of

or Town of AndersonCity of Stuck mill

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

(2) Full Name of Child Clarence Wade Whitten

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

(3) BOY OR GIRL? X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence W. Whitten(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Connel Co. S.C.(13) OCCUPATION Cotton mill(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Loa m McKinney(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by CRAYTON,

19 Registrar

(27) Filed

19

(28)

ANDERSON 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.