

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Anderson

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

(2) Full Name of Child Margaret Elizabeth Banister

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept. 13, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Banister(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE And Co(13) OCCUPATION Embalmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Tribble(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE And Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:55 M., on the date above stated. (Hour A. M. P.)(23) (Signature) A. J. Mulhens M.D.
(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 mark)

(27) Filed 19 (28) T. B. CRAYTON Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should report as stillbirths. 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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