

(1) PLACE OF BIRTH

County of Anderson
 Township of
 or
 Inc. Town of
 or
 City of (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

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH July 3, 1932
 (State of Month) (Day) (Year)

FATHER.

8) FULL NAME Eus. D. Antonas
 9) PRESENT POSTOFFICE OF FATHER Anderson, D. C.
 10) COLOR OR RACE W. Greek 11) AGE AT LAST BIRTHDAY 27 (Years)
 12) BIRTHPLACE Sparta, Greece
 13) OCCUPATION Proprietor & Piedmont cafe
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Mary Angelekas
 15) PRESENT POSTOFFICE OF MOTHER Anderson, D. C.
 16) COLOR OR RACE W. Greek 17) AGE AT LAST BIRTHDAY 27 (Years)
 18) BIRTHPLACE Sparta, Greece
 19) OCCUPATION Domestic
 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 at 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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed.) W. M. WATSON

(27) Filed 19 (28) ANDERSON, S. C. 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.

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