

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH

County of Anderson
Township of Williamston

or
Inc. Town of.....

or
City of.....

(No. RED#1 St.; Piedmont Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jack Fincher

File No.—For State Registrar Only
20855

Registration District No. 513 Registered No. 47
(For use of Local Registrar)

3. BOY OR GIRL? Boy (4) Twin or Triplet? RED#1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 16th 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Charles Fincher

9. PRESENT POSTOFFICE OF FATHER RED#1

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)

12. BIRTHPLACE North Carolina

13. OCCUPATION Mill work

20. Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Porter

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housework

(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 11A M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jack Fincher

(24) State whether Physician or Midwife

physician

(25) Address of Physician or Midwife

Piedmont

Given name added from a supplemental report

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

(27) Filed July 26 1922 (28) J. S. Fleming 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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