

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
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 Norman Stephens Craft If child is not yet named, make supplemental report as directed(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 22, 1943
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME M. S. Craft
(9) PRESENT POSTOFFICE OF FATHER 620 E. Whitner, Anderson, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Georgia
(13) OCCUPATION Mill Operator
(14) Number of children born to mother, including present birth 4MOTHER.
(14) NAME BEFORE MARRIAGE Flora E. Powell
(15) PRESENT POSTOFFICE OF MOTHER 620 E. Whitner St. Anderson, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Georgia
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
(22) (Signature) [Signature]
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Apr. 1, 1943 (27) F. B. CRAYTON, Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the 24th month of pregnancy.

(Date of)

Address Route 2, Anderson, S.C.
Filed Apr. 20, 1943 Registrar