

(1) PLACE OF BIRTH

County of Anderson

Township of

or
inc. Town ofor
City of Williamston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

2764

Registration District No. 2 C Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>4</u>	(7) DATE BIRTH <u>Jan 1</u> 19 <u>23</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Alphonse German</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Loureine</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Williamston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Williamston</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Anderson Co. S.C.</u>	(18) BIRTHPLACE <u>Anderson Co. S.C.</u>	(13) OCCUPATION <u>Carpenter</u>	(19) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was M.,
on the date above stated. (Dead alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frank Land

(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 by mark)

(27) Filed 3-9- 1923 (28) William P. ... Local Registrar

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

Registrar

27. Filed 1-1-24 1924

Local Registrar

When 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.