

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of

or City of Anderson Hospital

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

(2) Full Name of Child Marian Fluckman If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Girl 2. Twin or Triplet? No 3. Number in order of birth 1st 4. Are Parents Married? Yes 5. DATE OF BIRTH Feb 22 22
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME John Fluckman
7. PRESENT POSTOFFICE OF FATHER Anderson S.C.
8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)
9. BIRTHPLACE Sumner S.C.
10. OCCUPATION Electrician
11. Number of children born to mother, including present birth 1

MOTHER.

12. NAME BEFORE MARRIAGE Paula Krausberg
13. PRESENT POSTOFFICE OF MOTHER Anderson S.C.
14. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)
15. BIRTHPLACE Sumner S.C.
16. OCCUPATION Housewife
17. 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 P.M., on the date above stated. (Born alive or stillborn - Hour A. M. or P. M.)

(23) (Signature) John Fluckman

(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) 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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File No.—For State Registrar Only
2971Registration District No. 31 Registered No. 80
(For use of Local Registrar)

St. Ward)

MARGIN RESERVED FOR BINDING.

WHITES PLAIN. WITH ENFOLDING ENVELOPE—THIS IS A PERMANENT RECORD. IN CASE OF TWINNING OR TRIPLETS USE A SEPARATE ENVELOPE FOR EACH CHILD AND MARK THE ENVELOPE WITH THE CHILD'S NAME AND DATE OF BIRTH. No 2, etc. in question 1.

Message of Congress, Columbus 1902