

(1) PLACE OF BIRTH

County of Anderson

Township of

Incl. Town of

City of Anderson

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

(2) Full Name of Child Island Samual Spark

(1) BOY OR GIRL? (2) Twin or triplet? (3) Number in order of birth (4) Are Parents Married? (5) DATE OF BIRTH (6) (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME (8) NAME BEFORE MARRIAGE (9) PRESENT POSTOFFICE OF FATHER (10) PRESENT POSTOFFICE OF MOTHER

(11) COLOR OR RACE (12) AGE AT LAST BIRTHDAY (13) AGE AT LAST BIRTHDAY (14) BIRTHPLACE (15) OCCUPATION

(16) Number of children born to mother, including present birth (17) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was (19) (Signature) (20) State whether Physician or Midwife (21) Address of Physician or Midwife

(22) Given name added from a supplemental report (23) Witness (24) Filed (25) Registered

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.

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.