

## (1) PLACE OF BIRTH

County of AndersonTownship of Common

or Inc. Town of .....

or 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 Lucy White

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

(a) SEX OF CHILD <u>girl</u>	(b) Type of Twins <u>To be answered only in event of Twins or Triplets</u>	(c) Number in order of birth	(d) Are Parents Married <u>yes</u>	(e) DATE OF BIRTH <u>May 18, 23</u> (Name of Month) (Day) (Year)
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**FATHER.**

(1) FULL NAME Henry White

(2) PRESENT POSTOFFICE OF FATHER La

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. Belcher

(15) PRESENT POSTOFFICE OF MOTHER La

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE Anderson Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydia M. Moseley

(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 May 14, 23 (28) D. M. McAdams 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.