

(1) PLACE OF BIRTH

County of Anderson

Township of

or Town of

City of Anderson (No. St. Ward)

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

(2) Full Name of Child David Francis Sadler (If child is not yet named, make supplemental report as directed)(3) SEX Boy (4) Type or Triplet 3 (5) Are Parents Married yes (6) DATE OF BIRTH July 11, 1923 (Name of Month) (Day) (Year)FATHER. (10) NAME BEFORE MARRIAGE George Luther Sadler(11) FULL NAME George Luther Sadler(12) PRESENT POSTOFFICE OF FATHER Ira S.C.(13) COLOR OR RACE white (14) AGE AT LAST BIRTHDAY 41 (Year)(15) BIRTHPLACE Anderson Co.(16) OCCUPATION Auto Mobile Dealer(17) Number of children born to mother, including present birth 3MOTHER. (18) NAME BEFORE MARRIAGE Anna Freeman(19) PRESENT POSTOFFICE OF MOTHER Ira S.C.(20) COLOR OR RACE white (21) AGE AT LAST BIRTHDAY 35 (Year)(22) BIRTHPLACE Palmetto S.C.(23) OCCUPATION Housewife(24) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Hour A. M. or P. M.)(26) (Signature) J. D. Gray (27) State whether Physician or Midwife (28) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(30) Filed 3/11/23 (31) B. CRAYTON, Registrar

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

(Date of)

Address Route 2, Anderson
Filed AUG. 20 19 24