

(1) PLACE OF BIRTH

County of AndersonTownship of 16or
Inc. Town of 11or
City of 11

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

(2) Full Name of Child

Charley Ledford

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

(3) BOY OR

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Dec 21 1932
(Name of Month) (Day) - (Year)

FATHER.

(8) FULL NAME

Dock Ledford

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

18
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Indiana McBee

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Dom

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 2:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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)

CRATTON,

(27) Filed

19(28) ANDERSON 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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