

(1) PLACE OF BIRTH

County of Anderson  
Township of .....  
or  
Inc. Town of .....  
or  
City of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**37083**

Registration District No. 3A

Registered No. 44  
(For use of Local Registrar)

(No. 1410 North Main 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

Robert Lee

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

3) BOY OR GIRL Male 4) Twin or Triplet? No 5) Number in order of birth 8 6) Are Parents Married? Yes 7) DATE OF BIRTH 11-2-22  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Marion R. K. Kistner  
9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 38 (Year)  
12) BIRTHPLACE Walter Co., S.C.  
13) OCCUPATION Business  
20) Number of children born to mother, including present birth 8

MOTHER.

14) NAME BEFORE MARRIAGE Frances S. Johnston  
15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 33 (Year)  
18) BIRTHPLACE Anderson Co., S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. S. Brundage, M.D.  
(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)

F. B. CRAYTON

(27) Filed 19 (28) ANDERSON, S.C.

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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