

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
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

Robert Lee

File No.—For State Registrar Only

37083

Registration District No. 3ARegistered No. 447  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR  
~~GIRL~~(4) Twin  
or Triplet?(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  
NAMEW. R. R. Littlejohn(9) PRESENT  
POSTOFFICE  
OF FATHERAnderson, S.C.(10) COLOR  
OR  
RACEwhite(11) AGE AT LAST  
BIRTHDAY28  
(Years)

(12) BIRTHPLACE

Anderson Co., S.C.

(13) OCCUPATION

farmer(14) Number of children born to  
mother, including present birth8

## MOTHER.

(14) NAME BEFORE  
MARRIAGEFrances S. Johnston(15) PRESENT  
POSTOFFICE  
OF MOTHERAnderson, S.C.(16) COLOR  
OR  
RACEwhite(17) AGE AT LAST  
BIRTHDAY33  
(Years)

(18) BIRTHPLACE

Anderson Co., S.C.

(19) OCCUPATION

W. O. Johnston(20) Number of children of this mother  
now living, including present birth8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

C. S. Brundage, M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)F. B. CRAYTON,

(26) Filed

19

(27)

ANDERSON, S.C.19  
RegistrarWhen 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.  
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fifth month of pregnancy.