

(1) PLACE OF BIRTH

County *Granville*

Township of

Inc. Town of

City of *Granville*

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

(2) Full Name of Child *Arthur*(3) SEX OR GENDER *Male*

(4) Type of Twin

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

Feb 27 1923

FATHER

(8) NAME *Mr. Henry Dorr*(9) PRESENT POST OFFICE OF FATHER *Granville*(10) COLOR OR RACE *W*

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE *Anderson Co. S. C.*(13) OCCUPATION *Mechanic*

MOTHER

(14) NAME BEFORE MARRIAGE *Anna Elrod*(15) PRESENT POST OFFICE OF MOTHER *Granville S. C.*(16) COLOR OR RACE *W*

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE *Anderson S. C.*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *6*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *born alive or stillborn* on the date above stated.(23) (Signature) *H. M. Turner*

(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 *Feb 27 1923*(28) *C. E. Smith* 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.

Before the fifth month of pregnancy

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., IN QUESTION 2.