

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of

City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34No. 2758Registered No. 157
(For use of Local Registrar)(2) Full Name of Child Andrew Cabner Winsor

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age From Month <u>yr</u>	(7) DATE OF BIRTH <u>Feb 22 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Knox Winsor</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Morril</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Anderson S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Anderson S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Portsmouth B. S.C.</u>			(18) BIRTHPLACE <u>Perdue Co. Va.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:34 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. B. Crayton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name called upon in report

(26) Witness

(Signature of Witness necessary only when question is denied by mother)

(27) Date Feb 25 23 (28) F. B. CRAYTON

When this report is made, the mother, her husband, or other person having the child, must be present and sign the report. No report is desired of stillbirth before the last month of pregnancy.