

Form No. 1

(1) PLACE OF BIRTH

County of LambertTownship of Lambertor
In Town ofor
City of

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

(2) Full Name of Child William Porter Lewis Buckner

No. for State Registrar Only

40901

Registered No. 92
(For use of Local Registrar)(3) SEX Male (4) Twin or Triplet + (5) Number in order of birth 1 (6) Age 26 (7) Date of Birth 12/15/23
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Geo Buckner</u>	(14) NAME BEFORE MARRIAGE <u>Mr. Carrie Gamm</u>	(16) PRESENT RESIDENCE OF FATHER <u>Camden SC R#1</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Camden SC R#1</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>SC</u>		(16) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farm</u>		(16) OCCUPATION <u>House Wife</u>	
(18) Number of children born to mother, including present birth <u>1</u>		(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 10 P.M. or 11 P.M.)(23) (Signature) M. L. Beck (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness Geo Buckner (Signature of witness necessary only when question 22 is signed by mother)(27) Filed 12/21/23 (28) W. L. Beck 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.