

(1) PLACE OF BIRTH

County of Anderson

Township of

Precinct of

City of Anderson (No. 2)

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

(2) Full Name of Child Sadie Chappell If child is not yet named, make supplemental report as directed

Sex of Child

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF

BIRTH July 28 19 22

FATHER.

Full Name

Present Postoffice of Father

Color of

Birthplace

Occupation

(11) AGE AT LAST BIRTHDAY

Years

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY

Years

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

Number of children born to mother, 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 at 7 P. M. on the date above stated.

(23) (Signature)

(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

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(28)

J. B. CRAYTON

Local Registrar

ANDERSON, S. C.

If a woman attending physician or midwife, then the father, householder, etc., shall be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.