

## (1) PLACE OF BIRTH

County of AndersonTownship of W. Andersonor  
Inc. Town of .....or  
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 Robert Lee

File No. — For State Registrar Only

5899

Registration District No. 310Registered No. 18  
(For use of Local Registrar)

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 1923</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Ben Williams

(9) PRESENT POSTOFFICE OF FATHER Paul City S.C.A.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 56 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Brown

(15) PRESENT POSTOFFICE OF MOTHER Paul City S.C.A.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 50 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 8(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Paul City S.C.A.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/10 1923(28) H. L. Casey Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

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