

County of Aspen
Township of Central
or
Inc. Town of.....
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

1648

Registration District No. 269 Registered No. (For use of Local Registrar)

City of (No. St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

7) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 30 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10 22
(Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER		MOTHER	
(1) FULL NAME	<i>Simon Simon Letoury</i>	(14) NAME BEFORE MARRIAGE	<i>William Robertson</i>
(3) PRESENT POSTOFFICE OF FATHER	<i>Osage Lake, Mo.</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>Osage Lake, Mo.</i>
(10) COLOR OR RACE	<i>W. C.</i>	(16) COLOR OR RACE	<i>W. C.</i>
(11) AGE AT LAST BIRTHDAY	<i>31</i>	(17) AGE AT LAST BIRTHDAY	<i>27</i>
(12) BIRTHPLACE	<i>St. Louis, Mo.</i>	(18) BIRTHPLACE	<i>Osage Lake, Mo.</i>
(13) OCCUPATION	<i>Farmer</i>	(19) OCCUPATION	<i>House Wife</i>
(20) Number of children born to mother, including present birth	<i>3</i>	(21) Number of children of this mother now living, including present birth	<i>2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sam. Wise at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John J. Jones
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
100 West 1st Street, New York, N.Y.
Given name added from a supplemental report
(26) Witness John J. Jones
(Signature of Witness necessary only when question 23 is signed "not")
(27) Filed Jan 27 is 22 (28) John J. Jones 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.

THE CASE OF THREE ORPHANS was a SEPARATE PLANE FOR EACH CHILD, and more the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.