

(1) PLACE OF BIRTH

County of Anderson  
Township of Wesley  
or  
Inc. Town of  
or  
City of Shuckmill (No. 2 Hill St.; ..... Ward)  
(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

File No.—For State Registrar Only

33100

Registration District No. 3(3)

Registered No. 35  
(For use of Local Registrar)

(2) Full Name of Child

Lack Sisk

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

(3) SEX OR GIRL? X

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 21, 1932  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Robert Sisk

(9) PRESENT POSTOFFICE OF FATHER Anderson SC

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 56 (Years)

(12) BIRTHPLACE

Surk Co. N. C.

(13) OCCUPATION

cotton mill

(20) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Harris

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE

Cherokee Co., GA

(19) OCCUPATION

Womestic

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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

(27) Filed Oct 31, 1932 (28) E. A. Elliot 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.

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