

(1) PLACE OF BIRTH
County of Lexington
Township of Saluda

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

File No.—For State Registrar Only
43578

or
Inc. Town of Registration District No. 3111 Registered No. 46
(For use of Local Registrar)
or
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 Dorothy Rae Derrick If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE Dec. 25 1922
BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lawrence F. Derrick
(9) PRESENT POSTOFFICE OF FATHER Little Mountain
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Teacher
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Lilly Huffstetten
(15) PRESENT POSTOFFICE OF MOTHER Little Mountain
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Sease
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan. 4. 1923. (28) J. W. ... 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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