

PLACE OF BIRTH

County of FlavineTownship of Lake Cityor
In. Town of Lake Cityor
City of Lake City

(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

Registration District No. 24 B

File No. — for State Register

2827

Registered No. 240

(For use of Local Registrar)

Full Name of Child

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

BOY or GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 22
(Name of Month) (Day) (Year)

FATHER

FULL NAME Eddie Gigg FloydPRESENT POSTOFFICE OF FATHER Lake City SCCOLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)BIRTHPLACE Orlando S.C.OCCUPATION BarberNumber of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ruth Angus Wapster(15) PRESENT POSTOFFICE OF MOTHER Lake City SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Lake City(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Lake City on the date above stated. (Hour of birth) (Hour A. M. or P. M.)(23) (Signature) J. T. Foster(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City SC

Name added from a supplemental report

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

(27) Filed 10/4/22 (28) 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 fifth month of pregnancy.

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