

(1) PLACE OF BIRTH

County of CamdenTownship of Camden

Inc. Town of

City of

(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 HealthRegistration District No. 400No. 31032Registered No. 178
(For use of Local Registrar)(2) Full Name of Child Mary Lartigue

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

(3) SEX Female (4) Type or Type Normal (5) Number in order of birth 10 (6) DATE OF BIRTH 10/14/23
(Month of birth) (Day) (Year)

FATHER.

MOTHER.

(7) NAME BEFORE Leda Lartigue(8) NAME BEFORE Juanita R.(9) COLOR Wh (10) AGE AT LAST BIRTH 19(11) NAME BEFORE Camden(12) NAME BEFORE Baron Horro(13) Number of children born to mother, including present one 1(14) Number of children of this mother and this father 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(16) Signature Rene Thomas (17) Address of Physician or Midwife Camden, S.C.(18) Signature John Cooney (19) Address of Registrar Camden, S.C.(20) Signature John Cooney (21) Address of Registrar Camden, S.C.(22) Signature John Cooney (23) Address of Registrar Camden, S.C.(24) Signature John Cooney (25) Address of Registrar Camden, S.C.(26) Signature John Cooney (27) Address of Registrar Camden, S.C.(28) Signature John Cooney (29) Address of Registrar Camden, S.C.(30) Signature John Cooney (31) Address of Registrar Camden, S.C.