

WRITE PLAINLY, WITH INK.—THIS IS A PREPARATION BLANK FOR EACH CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, in question 5. FIRST-BORN, No 1 THIS OTHER, No 2, etc.

(1) PLACE OF BIRTH

County of Charleston  
 Township of Jefferson  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**3691**

Registration District No. 1204 Registered No. 4  
 (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 Louisy (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ye (7) DATE OF BIRTH 2/9/22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME W. Clyde Louisy  
 (9) PRESENT POSTOFFICE OF FATHER Jefferson SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Mail Carrier

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sallie Gregory  
 (15) PRESENT POSTOFFICE OF MOTHER Jefferson SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 1 4 (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 3:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph P. Thomas  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jeffersonville

Given name added from a supplemental report

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

(27) Filed 2-20-22 (28) D. L. Beachum 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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STATE OF SOUTH CAROLINA, Columbia, N. C.