

WRITE PLAINLY, WITH ENLARGING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC. IN QUESTION 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of Jefferson
 or
 Inc. Town of _____
 or
 City 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)

(2) Full Name of Child

Louery

(No. _____ St. _____ Ward _____)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

ye

(7) DATE OF BIRTH

9 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. Clyde Louery

(9) PRESENT POSTOFFICE OF FATHER

Jefferson SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33
 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Mail Carrier

(14) NAME BEFORE MARRIAGE

Sallie Gregory

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

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

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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Joseph B. Thomas

Physician

Jefferson SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

2-20-22

(28) Local Registrar.

D. L. Beachum

*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 Columbia, Columbia, S. C.