

(1) PLACE OF BIRTH

County of *Laurens*Township of *Suffletown*Inc. Town of *Ladyford*City of *Ladyford*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Register Only
41340Registration District No. *2900* Registered No. *48*
(For use of Local Registrar)(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 *Omey S. Price* If child is not yet named, make supplemental report as directed(3) SEX OF CHILD *Boy* (4) Type of Birth *Normal* (5) Are Parents Married *yes* (6) DATE OF BIRTH *Sept 21 1923*
(Name of Month) (Day) (Year)FATHER. (7) FULL NAME *Samuel Walter Price* (8) PRESENT POSTOFFICE OF FATHER *Ladyford S.C.* (9) COLOR OR RACE *white* (10) AGE AT LAST BIRTHDAY *33* (11) BIRTHPLACE *Union Co.* (12) OCCUPATION *Farmer*
MOTHER. (14) NAME BEFORE MARRIAGE *Orrie Homes* (15) PRESENT POSTOFFICE OF MOTHER *Ladyford S.C.* (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *35* (18) BIRTHPLACE *Union Co.* (19) OCCUPATION *Domestic*
(20) Number of children born to mother, including present birth *6* (21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. D. Hanna* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Clemson S.C.*

(Given name added from a supplemental report)

J. Fairley
Apr 2 1924

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

(27) Filed *Dec 30 1923* (28) *F. L. Dorman* 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.