

(1) PLACE OF BIRTH

County of Orangeburg
 Township of
 or
 Inc. Town of Branchville
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only
29593

Registration District No. 3601

Registered No. 49
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucette Truitt

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

(1) SEX OF CHILD Girl (2) Twin or Triplet (3) Number in order of birth (4) Age of Person Marrying (5) DATE OF BIRTH July 28, 23
 (Name of Month) (Day) (Year)

FATHER
 (6) FULL NAME Charley Truitt
 (7) PRESENT POSTOFFICE OF FATHER Branchville
 (8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 44
 (10) BIRTHPLACE S.C.

MOTHER
 (11) NAME BEFORE MARRIAGE Estell Rayson
 (12) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (13) COLOR OR RACE Negro (14) AGE AT LAST BIRTHDAY 36
 (15) BIRTHPLACE S.C.

(16) OCCUPATION Farmer

(16) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie Olsen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 20, 23 (28) Preston Ott
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.