

(1) PLACE OF BIRTH

County of Darlington  
Township of Lydia  
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  
**42011**

Registration District No. 1506 Registered No. 107  
(For use of Local Registrar)

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

(2) Full Name of Child Mrs. Layton

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 22  
(Names of Month) (Day) (Year)

FATHER

(8) FULL NAME Josay Layton  
(9) PRESENT POSTOFFICE OF FATHER Hartsville SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Sallie Beasley  
(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm J Beasley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from supplemental report

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

When there was no attending physician or midwife, a report should be made by the father, householder, etc., should make this return. If a child breathes, a report is desired of all births.

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