

(1) PLACE OF BIRTH

County of Henderson
Township of Mary
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
29452

Registration District No. 3407 Registered No. 44
(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 Lucy Julia Ann Pitt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRLS Girl (4) Twins or Triplets
To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 1943
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Stewart Pitt
(9) PRESENT POSTOFFICE OF FATHER Sumner S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Leah Washington
(15) PRESENT POSTOFFICE OF MOTHER Sumner S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION Farmer
(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 at 30 M.,
on the date above stated. (Born slvt or stillborn) (Hour, M. or P. M.)

(23) (Signature) Mary Walker (24) Address of Physician or Midwife Sumner S.C.
(25) State whether, Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
(27) Filed Sept 26 1943 (28) J. T. Holman 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.