

## (1) PLACE OF BIRTH

County of YorkTownship of Hamletor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

21856

Registration District No. 3301Registered No. 102  
(For use of Local Registrar)

## (2) Full Name of Child

Lydia Max Kaurany

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

(3) SEX OF CHILD

Female

(4) Type of Triplets

1

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

9/24/22

(Name of Month)

(Day)

(Year)

## FATHER.

(8) FULL NAME

Leo Deery

(9) PRESENT POSTOFFICE OF FATHER

Hamlet S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Hamlet S.C.

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lydia Kaurany

(15) PRESENT POSTOFFICE OF MOTHER

Hamlet S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Hamlet S.C.

(19) OCCUPATION

Laborer

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

2

(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 born alive ..... at 12:14 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Hamlet S.C.

(26) Given name added from a supplemental report

(27) Witness

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

(28) Registrar

Aug 2 23

(29) Local Registrar

The 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.

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