

(1) PLACE OF BIRTH
County of Beaufort
Township of
or
Inc. Town of
or
City of Beaufort (No. St.; Ward)
(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
17635

Registration District No. 6 A Registered No. 33
(For use of Local Registrar)
2) Full Name of Child Lera Meriam If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? X (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 22 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lery Esau
(9) PRESENT POSTOFFICE OF FATHER Beaufort
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Russia
(13) OCCUPATION Plumber
(14) Number of children born to mother, including present birth { 4 }

(14) NAME BEFORE MARRIAGE Lipsitz Bertha
(15) PRESENT POSTOFFICE OF MOTHER Beaufort
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Adamsville S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Dr. A. Davis R. M.
(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 June 22, 1922 (28) W. H. K. 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.

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