

WRITE PLAINLY, WITH UNFADING INK—USE INK AS A PENCIL AND ERASE WITH A K. If still faint, use a REPAIRING PENCIL. In case of TWINS OR TRIPLETS use a REPAIRING PENCIL. In case of FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 6

(1) PLACE OF BIRTH

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

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

Registration District No. 360

File No.—For State Registrar Only  
2192

Registered No. 10  
 (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 Luddever Sokon

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

(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 12, 1922  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME L. C. Sokon  
 (9) PRESENT POSTOFFICE OF FATHER Wet, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Day laborer  
 (14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Becca M. Sokon  
 (16) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.  
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 29 (Years)  
 (19) BIRTHPLACE S.C.  
 (20) OCCUPATION Domestic  
 (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, boy, live, at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie C. Sokon  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill, S.C.

Given name added from a supplemental report

(26) Witness Mrs. M. Sokon  
 (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed June 23, 1922 (28) Local Registrar H. M. Sokon

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.