

(1) PLACE OF BIRTH

County of Chas.

Township of

Inc. Power of

City of Chas.

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

25101

Registration District No. 9ARegistered No. 1159

(For use of Local Registrar)

Full Name of Child John H. Perry

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

(2) Sex Male

(3) Twin or Triplet?

(5) Number in order of birth 1

To be answered only in case of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Aug. 14, 1917

(8) FATHER

Samuel R. Lorde

(14) NAME BEFORE MARRIAGE

Eliza Perry

(9) MOTHER

Georgetown SC

(15) PRESENT POSTOFFICE OF MOTHER

1912 Simmons St

(10) AGE AT LAST BIRTHDAY

28 (Years)

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

24 (Years)

(11) BIRTHPLACE

Georgetown SC

(18) BIRTHPLACE

Mont. Amer. SC

(12) OCCUPATION

laborer

(19) OCCUPATION

Domestic

(13) Number of children born to father, including present birth

4

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive, at 5-10 A.M. or P.M. on the date above stated.(22) (Signature) H. W. Gabor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

1912 Simmons St

(26) Given name added from a supplemental report

181...

Registrar

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed

181...

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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