

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Dorchester  
 or  
 Inc. Town of .....  
 or  
 City of Summerville  
 (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  
**29984**

Registration District No. 17A Registered No. 51  
 (For use of Local Registrar)

(2) Full Name of Child Lulama Velch (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 3, 1924  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Laurence Arthur Welch

(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
 (Years)

(12) BIRTHPLACE Summerville, S.C.

(13) OCCUPATION Grocer

(20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Alice Geneva Stobbe

(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE Ridgville, S.C.

(19) OCCUPATION Housewife

(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 alive at 5:12 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edmund W. Simmons (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

J.A.R.  
affid 3/17/44  
 Registrar

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

(27) Filed Sept 11, 1924 (28) J.A.R. 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.

Registrar  
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RECORD OF COLUMBIA, COLUMBIA, S. C.  
 N. B. — In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
 PRINTING RECORD  
 WITH UNFADING INK — FILL IN A PERMANENT RECORD  
 PLAINLY. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the