

STARCHED HEAVY WEIGHT PAPER WITH WATER-RESISTANT MARKINGS. PRINTED IN THE UNITED STATES OF AMERICA. THIS IS A BUREAU OF VITAL STATISTICS FORM. IN CASE OF TWINNING OR TRIPLETTING THIS FORM IS TO BE FILLED IN EACH CASE. IN QUESTION 5, IN CASE OF TWINNING OR TRIPLETTING, THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Lexington
Township of Beck
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43466

Registration District No. 3102 Registered No. 179
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Fudick Jr.

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

(3) BOY OR GIRL boy (4) Twin or Triplet? X (5) Number or order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 26 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Fudick
(9) PRESENT POSTOFFICE OF FATHER Lawrence S C
(10) COLOR OF HAIR White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Lexington Co, S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Victoria Jumper
(15) PRESENT POSTOFFICE OF MOTHER No 9
(16) COLOR OF HAIR Black (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Lexington Co, S.C.
(19) OCCUPATION Housework
(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 6:09 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. C. Brooker M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lawrence S C

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 10 1922 (28) J. N. Jorgensen 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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REG. OF COLUMBIA, COLUMBIA, D. C.