

## (1) PLACE OF BIRTH

County of JohnstonTownship of Liberty

OF

Inc. Town of

OF

City of

(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

8920

Registration District No. 2009 Registered No. 16

(For use of Local Registrar)

## (2) Full Name of Child

Larry

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 12 1923</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Arthur H. Larry(9) PRESENT POSTOFFICE OF FATHER Lex SC RI(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

## MOTHER

(14) NAME BEFORE MARRIAGE Elmer Thompson(15) PRESENT POSTOFFICE OF MOTHER Lex SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 10 45 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Larry(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Johnston SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/17 1923 (28) R. P. Leary

When there was no attending physician or midwife, the birth should be reported to the State Board of Health by a child's brother or sister, or by a parent, or by a neighbor, or by a friend, or by a clergyman, or by a justice of the peace, or by a notary public, or by a member of the State Board of Health.