

1. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Cherokee

Township of

or Inc. Town of Walhalla

or 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

No. for State Registrar Only
4717

Registration District No. 4717 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Elizabeth L. Lusk

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

(3) BOY OR GIRL GIRL (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 1 day (7) DATE OF BIRTH Feb 2, 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>W. Fred Thode</u>	(10) NAME BEFORE MARRIAGE <u>Lula Corley</u>	(10) NAME BEFORE MARRIAGE <u>Lula Corley</u>	(10) NAME BEFORE MARRIAGE <u>Lula Corley</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Walhalla</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Walhalla</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Walhalla</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Walhalla</u>
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>35</u> (Year)
(16) BIRTHPLACE <u>Waconia, Minn.</u>	(17) OCCUPATION <u>Physician</u>	(18) BIRTHPLACE <u>Waconia, Minn.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Fred Thode (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walhalla, S. C.

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed Feb 4, 1923 (28) R. L. Lusk 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.