(1) PLACE OF BIRTH

County of Laurens

Township of Hunter

or

Inc. Town of

or

City of Clinton S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43343

Registration District No. 29 B. Registered No. 115.

(For use of Local Registrar)

(No. Bell 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 Lizzie Gary

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			yes	Dec 30th 1922.

FATHER.

(8) FULL NAME Minnie Gary.

(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22. (Years)

(12) BIRTHPLACE Clinton S.C.

(13) OCCUPATION Section hand, work.

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Dolly Fuller.

(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22. (Years)

(18) BIRTHPLACE Clinton S.C.

(19) OCCUPATION Work at iron

(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 10:20 P. M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie K Turner.

(24) State whether Physician or Midwife: Midwife. (25) Address of Physician or Midwife: Clinton S.C.

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness Mrs. J. L. N. Bailey

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

(27) Filed Dec. 31 1922 (28) J. L. N. Bailey

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.

FORM OF CERTIFICATE, Columbia, S. C.

N. 21.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS CERTIFICATE, No. 2, etc., in question 5.

WHITE PAPER ONLY. WRITE LEGIBLY. WRITE INK—USE NO PENCIL. DO NOT ERASE OR USE CORRECTING FLUID.