

## (1) PLACE OF BIRTH

County of LaurensTownship of Sullivan

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Lee Todd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Type of Triplet	(5) Number in order of Birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 29, 1923</u>
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FATHER			MOTHER		
(8) FULL NAME <u>Hugh Todd</u>	(14) NAME BEFORE MARRIAGE <u>Alice Becker</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Laurens SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens SC</u>	
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>		(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>	
(18) BIRTHPLACE <u>Laurens SC</u>			(18) BIRTHPLACE <u>Laurens SC</u>		
(19) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1020 M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

(23) (Signature) <u>Martha Brison</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Laurens SC</u>
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(When name added from a supplemental report)

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

(27) Aug 2, 1923 (28) W. S. Sullivan 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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