

(1) PLACE OF BIRTH

County of Beaufort
 Township of Swamp Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration, District No. 1.5.11No. 42044 - For State Register Only

42044

Registered No. 44
(For use of Local Registrar)

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

(2) Full Name of Child Jerome Lide

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Age Parents Married 1 year (7) DATE OF BIRTH: Dec 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marshall Lide(9) PRESENT POSTOFFICE OF FATHER Beaufort, S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth: 5-1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Howard(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION At home(21) Number of children of this mother living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) Signature Lide (24) Name (whether Physician or Midwife) Barry (25) Address of Physician or Midwife Beaufort, S.C.

Given name, address, and occupation of Registrar

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