

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

37090

Township of Piedmontor
Inc. Town of Piedmontor
City of PiedmontRegistration District No. 3 BRegistered No. 81
(For use of Local Registrar)(No. 3 St. 1 Ward)

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

(2) Full Name of Child Larry K Stone

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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4 1922</u> (Name of Month) (Day) (Year)
----------------------------	---	---------------------------------------	-------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>W. M. Stone</u>	(14) NAME BEFORE MARRIAGE <u>Vivian Jane</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Painter</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>13</u>	(21) Number of children of this mother now living, including present birth <u>13</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Celine at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Jae P. Howell</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Piedmont S.C.</u>
---------------------------------------	--	---

Given name added from a supplemental report

(26) Witness <u>Yes</u> (Signature of Witness necessary only when question 23 is signed by mother)	(27) Signed <u>Yes</u> <u>222</u> (28) <u>A. J. Fleming</u> 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.

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.