

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

- File No. - For State Registrar Only

9023

County of *Ashe*Township of *Laborade*or  
Inc. Town of .....Registration District No. *201* Registered No. *14*

(For use of Local Registrar)

City of ..... (No. ....) (Name of Street) (Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Laura Alice Lister* 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 *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Apr. 2* (Name of Month) (Day) (Year)

## FATHER.

## MOTHER

(8) FULL NAME *James Hays Lister*(14) NAME BEFORE MARRIAGE *Annie Laura William*(9) PRESENT POSTOFFICE OF FATHER *Laguerre S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Laguerre S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *South Carolina*(18) BIRTHPLACE *South Carolina*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *1*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) *T. A. Huttock M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician Huttockville S.C.*

Given name added from a supplemental report

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

(27) Filed *Apr. 2nd 2* (28) *Mrs. J. C. Courtney* 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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