

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Laurinor  
Inc. Town of Mountainor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42668

Registration District No. .... Registered No. ....  
(For use of Local Registrar)(No. .... 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 Sarah Liby If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</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>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 22, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Immie Liby(9) PRESENT POSTOFFICE OF FATHER St. Louis Mo.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Laurin Co. S.C.(13) OCCUPATION Soldier U.S. Army(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Jamie Abercrombie(15) PRESENT POSTOFFICE OF MOTHER St. Louis Mo.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Laurin Co. S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. DePre M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician St. Louis Mo.

Given name added from a supplemental report

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

(27) Filed (28) 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.