

(1) PLACE OF BIRTH

County of

Township of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17396

Registration District No. 1601

Registered No. 22

(For use of Local Registrar)

(No. 401 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 Lattie Brigman If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl

(4) Twin or Triplet

(5) Number in order of birth 6

(6) Are Parents Married yes

(7) DATE OF BIRTH 6/12/23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ally Brigman

(9) PRESENT POSTOFFICE OF FATHER

Hammer St.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 41 (Year)

(12) BIRTHPLACE

Robinson Co N.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ora Miller

(15) PRESENT POSTOFFICE OF MOTHER

Hammer St.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE

Hammer St.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now 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 born at 5:30 P.M. on the date above stated. (Day, Month, or Year) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State, County, Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Janice Lavery

Sept. 18, 1923

Registrar

(26) Witness

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

(27) Filed 6/19/23

(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.