

(1) PLACE OF BIRTH

County of LarsonTownship of Hortville

Inc. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3578

Registration District No. 1502 Registered No. 12

(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 Makin Lee Long If child is not yet named, make supplemental report as directed(3) BOY OR GIRL B (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11 1943
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calvin Long(9) PRESENT POSTOFFICE OF FATHER Hortville S.C.(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Larson Co(13) OCCUPATION Drayman(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Beth Smith(15) PRESENT POSTOFFICE OF MOTHER Hortville(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Larson Co(19) OCCUPATION Housewife(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hortville S.C.

Given name added from a supplemental report

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

(27) Filed Mar 10 23 (28) G. M. Kagan
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the new