

(1) PLACE OF BIRTH

County of Marlboro
Township of Brightsville
or
Inc. Town 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
43725

Registration District No. 3302 Registered No. 64
(For use of Local Registrar)

City of..... (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 Larry Bush

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>12 20 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Daniels

(9) PRESENT POSTOFFICE OF FATHER Gibson NC

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Bush

(15) PRESENT POSTOFFICE OF MOTHER Gibson NC

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm work

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Martha Lane Lubbert
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gibson NC

Given name added from a supplemental report

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

(27) Filed 12/25 1922 (28) J. P. Steubert
Registrar 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.