

(1) PLACE OF BIRTH

County of Laurens
Township of Flah CreekCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
30923Inc. Town of Registration District No. 2803 Registered No. 97
(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 Stacy Rose Leticia If child is not yet named, make supplemental report as directed1) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4 1922
(Name of Month) (Day) (Year)FATHER
3) FULL NAME R. E. Whitaker
4) PRESENT POSTOFFICE OF FATHER Kershaw S.C.
5) COLOR white (11) AGE AT LAST BIRTHDAY 45 (Years)
6) BIRTHPLACE Laurens Co S.C.
7) OCCUPATION Farming
8) Number of children born to mother, including present birth 8MOTHER
(14) NAME BEFORE MARRIAGE Flonnie Hunter
(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.
(16) COLOR white (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Laurens Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 10-P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. P. Benson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kershaw S.C.Given name added from a supplemental report
..... 101, ...
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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 4 1922 (28) J. C. Nelson Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this return, & 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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