

(1) PLACE OF BIRTH

County of *Henry*Township of *Stephenson Creek*Inc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36393

Registration District No. *2509A*Registered No. *115*

(For use of Local Registrar)

(2) Full Name of Child

Mandy Lucile Husband

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

(1) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth

to be entered only in case of Twin or Triplet

(6) Are Parents Married?
Y

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mayo Husband

(9) PRESENT POSTOFFICE OF FATHER

Louis R # 2 SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Henry Co SC

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Lee

(15) PRESENT POSTOFFICE OF MOTHER

Louis R # 2 SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Henry Co SC

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. C. Co. 4*

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Louis R # 2 SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed *9/30/23*(28) *E. L. Vought*(29) *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.