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2727

(1) PLACE OF BIRTH.

County of MarionTownship of Bogansville

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

30430

Registration District No. 4241Registered No. 88

(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 Lammie Grady West

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

(3) SEX OR CHILD <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 24 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lewis Eugene West(9) PRESENT POSTOFFICE OF FATHER Buffalo Route(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Lawson(15) PRESENT POSTOFFICE OF MOTHER Buffalo Route(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. P. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianBuffalo S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Sept 29 1923(28) S. D. Lee

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.