

(1) PLACE OF BIRTH

County of Laurens
Township of Hunter
or
Inc. Town of Lydia mill
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43287

Registration District No. 22902 Registered No. 136
(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

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

(3) BOY OR GIRL Boy (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 Dec. 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Guy Brewington
(9) PRESENT POSTOFFICE OF FATHER Clinton S. C. R. 3.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(Years) (12) BIRTHPLACE S. C.
(13) OCCUPATION Textile operator
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Duckett
(15) PRESENT POSTOFFICE OF MOTHER Clinton S. C. R. 3.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
(Years) (18) BIRTHPLACE S. C.
Housewife.
(19) OCCUPATION H. Housewife.
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Dora Harris
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, S. C.

Given name added from a supplemental report

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

(27) Filed Jan 17 23 (28) J. G. W. Bailey
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.

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