

(1) PLACE OF BIRTH
County of York
Township of Lydia

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

File No.—For State Registrar Only

42002

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

Registration District No. 1806

Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child Larry Edward Suggs } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 6 24
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Larry Suggs

(14) NAME BEFORE MARRIAGE Nina Etel Beaman

(9) PRESENT POSTOFFICE OF FATHER Lydia SC

(15) PRESENT POSTOFFICE OF MOTHER Lydia

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Housekeeper

(19) OCCUPATION House wife

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

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

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. R. H. Stark

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lydia SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Dec 12 1924 (28) R. M. Jones 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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