

Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

3. SEX OF CHILD Boy 4. Twin or Triplet No 5. Number in order of birth 1 6. NAME John Lachar 7. DATE OF BIRTH Dec 15 23
 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Albert Lachar 9. PRESENT POSTOFFICE OF FATHER Waverly Mills SC10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 33 (Year)12. BIRTHPLACE SC 13. OCCUPATION Marine Railway20. Number of children born to mother, including present birth 3

MOTHER

14. NAME BEFORE MARRIAGE Lucile Pitt15. PRESENT POSTOFFICE OF MOTHER Do16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 33 (Year)18. BIRTHPLACE Va19. OCCUPATION Dom21. 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 John Lachar on the date above stated.(23) (Signature) Dr. J. L. Smith(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife ...

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan. 17 24 (28) P. H. Bingham, Jr.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

40213

Registration District No. 20 ARegistered No. 429

(For use of Local Registrar)

Ward

not yet named, make supplemental report as directed