

TRACE OF BIRTH

County of Charleston

Township of

City of Charleston

City of Charleston

(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

Division of Vital Statistics

State Board of Health

No. 20056

20056

856

Registration District No. 9A

Registered No. 856

(For use of Local Registrar)

(2) Full Name of Child Lillian Clare Lahmeyer

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

BOY OR GIRL? G

(4) Twin or triplet? X

(5) Number in order of birth X

(6) Are Parents Married Yes

(7) DATE OF BIRTH Jan. 11 (Day) (Month) (Year) 23

FATHER
(8) FULL NAME Clarence G. Lahmeyer

(9) PRESENT RESIDENCE OF FATHER Charleston SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Pumper, Standard

(14) Number of children born to mother, including present birth 1

MOTHER
(15) NAME BEFORE MARRIAGE Lily May Edwards

(16) PRESENT RESIDENCE OF MOTHER Charleston SC

(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 31 (Years)

(19) BIRTHPLACE Charleston SC

(20) OCCUPATION Housewife

(21) 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, born alive or stillborn (State A. M. or P. M.) on the date above stated.

(23) (Signature) Arturcian

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 277 Calhoun St.

When name added from a supplemental report

(26) Witness

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

(27) Filed 1/19/23 Q. Morris Registrar

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