

(1) PLACE OF BIRTH

County of Charleston
 Township of Hamlet
 or
 Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

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

No. 8.—For State Registrar Use
3401

Registration District No. 1107 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child L. McCreary

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

(3) SEX OR CHILD Boy (4) Type of Triplet (5) Number in order of birth (6) Age of child at birth Yr (7) DATE OF BIRTH 2-10-23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lithius McCreary
 (9) PRESENT RESIDENCE OF FATHER Gut. Fells St
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION Public Work

MOTHER.
 (14) NAME BEFORE MARRIAGE Bruna Glad
 (15) PRESENT RESIDENCE OF MOTHER Gut Fells St
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Fairfield Co S.C.
 (19) OCCUPATION Domestic

(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 on the date above stated. (Now A. M. or P. M.)

(23) (Signature) Sarah Pickens
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is answered by mark)

(27) Filed 2/12/23 at Hamlet 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.