CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
483

9A

104

(1) PLACE OF BIRTH
County of Charleston
Township of .....
Ins. or Town of .....
City of Charleston S.C. (No. Mercy Maternity Hospital Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child. Betty Jane Lull ... If child is not yet named, make supplemental report as directed

(3) Sex of Child?	(4) Twin or Triplet? X	(5) Number in order of birth X	(6) Are Parents Married? yes	(7) DATE OF BIRTH Jan (Name of Month) 21 (Day) 23 (Year)

FATHER.	MOTHER.
(8) FULL NAME Leland E. Lull.	(14) NAME BEFORE MARRIAGE Hazel Henshaw.
(9) PRESENT POSTOFFICE OF FATHER 173½ Wentworth St. Charleston S.C.	(15) PRESENT POSTOFFICE OF MOTHER 173½ Wentworth Charleston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Morris New York	(18) BIRTHPLACE Springfield Ohio.
(13) OCCUPATION Manager of K.W. Grant Co.	(19) OCCUPATION Wife
(20) Number of children born to mother, including present birth 1	(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, who was alive (Born alive or stillborn) at 6 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) William Hunt

(24) State whether Physician or Midwife mid.

(25) Address of Physician or Midwife 1 Broad

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 1/25 1923 (28) [illegible] Green N.C. 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.