

Form No. 1

(1) PLACE OF BIRTH

County of Deep RiverTownship of Deep River

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3612

File No.—For State Registrar Only

18736

Registered No. 47
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ray Lorr

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth
To be answered only in case of Twin or Triplet(6) Sex
Male
Female(7) DATE OF BIRTH 6/19/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ray Lorr(9) PRESENT POSTOFFICE OF FATHER Deep River S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE

(13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Lorr(15) PRESENT POSTOFFICE OF MOTHER Deep River S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Teacher(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 born alive at stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Lucy Lorr(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Deep River S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/22/22

(28) 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.