

(1) PLACE OF BIRTH

County of Horry

Township of

Inc. Town of Carriway

or

City of

(No. St. Ward)
(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

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

40946

Registration District No. 75A Registered No. 97

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Boy (4) Type or Triple To be answered only in event of Twin or Triple (5) Number in order of birth (6) Age at birth no (7) DATE OF BIRTH Dec 9 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lulu Washington(9) PRESENT RESIDENCE OF FATHER Carriway S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 76
(Years)(12) BIRTHPLACE Horry Co.(13) OCCUPATION Day laborer(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Lizzie Hance(16) PRESENT RESIDENCE OF MOTHER Carriway(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 70
(Years)(19) BIRTHPLACE Horry Co.(20) OCCUPATION Housework(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 at 4 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Hance(24) State where Physician or Midwife (25) Address of Physician or Midwife Carriway S.C.

Given name added from a supplemental report

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

(27) Filed Dec 17 23 (28) D. E. Martin 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.