

(1) PLACE OF BIRTH

County of Marlboro

CERTIFICATE OF BIRTH

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

File No.—For State Register Only

21829

Township of

In Town of Registration District No. 33A ... Registered No. 55City of Summerville (If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child L. Laddy If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) DATE OF BIRTH <u>7/1/22</u> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(1) FULL NAME <u>L. Laddy</u>	(14) NAME BEFORE MARRIAGE <u>Rich Harrison</u>	(2) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>
(3) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(4) COLOR OR RACE <u>white</u>	(12) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(7) BIRTHPLACE <u>S.C.</u>		(16) BIRTHPLACE <u>Marlboro County</u>	
(8) OCCUPATION <u>Merchant</u>		(17) OCCUPATION <u>Summerville</u>	
(9) Number of children born to mother, including present birth <u>1</u>		(18) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Near A. M. or P. M.)(28) (Signature) Physician

(29) State whether Physician or Midwife (30) Address of Physician or Midwife

Name added from a supplemental report

(36) Witness (Signature of Witness necessary only when question 30 is signed by mark)

(37) Date Aug. 2, 1922 (38) Thos. M. N. Pat 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.

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