

(1) PLACE OF BIRTH

County of LamusTownship of Lamusor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

43318

2904
Registration District No. Registered No. 144

(For use of Local Registrar)

(2) Full Name of Child Benjamin Larry Putnam { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4 19122
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Larry Putnam(9) PRESENT POSTOFFICE OF FATHER Watts mill(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Boonville Co.(13) OCCUPATION Mill operator(14) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Miss. Denious(15) PRESENT POSTOFFICE OF MOTHER Watts mill(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Boonville Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Russ. R. Waddy(24) State of South Carolina (25) Address of Physician or Midwife Lamus 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 8 1912 (28) L.E. Bishop 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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