

(1) PLACE OF BIRTH

County of Jasper
 Township of P. P. Catledge
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11632

Registration District No. 2-2-51 Registered No. 24
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vernie Larvin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH March 22
 (Month) (Day) (Year)

FATHER: (8) FULL NAME Linus Larvin (9) PRESENT POSTOFFICE OF FATHER Pineland S.C. (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (12) BIRTHPLACE South Carolina (13) OCCUPATION Farming

MOTHER: (14) NAME BEFORE MARRIAGE Byrd Taylor (15) PRESENT POSTOFFICE OF MOTHER Pineland S.C. (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (18) BIRTHPLACE South Carolina (19) OCCUPATION House work

(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 or stillborn, (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Grace G. Farris (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineland S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. W. Politz
 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.