

(1) PLACE OF BIRTH

County of LexingtonTownship of Saluda

Inc. Town of

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

Registration District No. 311 Registered No. 44

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age Person Months <u>yo</u>	(7) DATE OF BIRTH <u>Sept 28, 1923</u> (Name Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Luther Bucklett</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Guyer</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chapin</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chapin</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Year)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated. (Hour M. or P.M.)(23) (Signature) Dr. Lybrand McCurt
(24) State whether Physician or Midwife (25) Address of Physn or Midwife Chapin S.C.

Given name added from a supplement and report

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

(27) Date Oct. 15, 1923 (28) J. W. Wingo Local Registrar

When the child is born dead, or stillborn, then the father, householder, etc., should make this return. It is not to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.