

## PLACE OF BIRTH

County of Florence

Township of .....

or Town of .....

or Florence

City of .....

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

## Full Name of Child

BOY OR GIRL Boy (1) Twin or Triplet X (2) Number in order of birth 1 (3) Are Parents Married yes (4) DATE OF BIRTH 9/3/23 (5) (Name of Month) (Day) (Year)

FATHER. FULL NAME James B. LodgeyPRESENT POSTOFFICE OF FATHER Florence, S.C.COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Year)BIRTHPLACE Holly Hill, S.C.OCCUPATION EngineerNumber of children born to mother, including present birth 4MOTHER. (14) NAME BEFORE MARRIAGE Ann Stoll(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Summerville, S.C.(19) OCCUPATION U(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated. (23) (Signature) E. W. Hicks (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) P. H. Prichard (27) Filed 9-15-23 (28) P. H. Prichard 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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