

(1) PLACE OF BIRTH

County of Georgetown S.C.Township of 7

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Use

28422

Registration District No 2104... Registered No. 17.....
(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 Lyn dia Pomerette If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Twin or Triplet no (5) Number in order of birth one (6) Age of mother no (7) DATE OF BIRTH Sept 11 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Russ Pomerette(9) PRESENT POSTOFFICE OF FATHER Cum gratia S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Year)(12) BIRTHPLACE Saw miller

(13) OCCUPATION

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Olaton(15) PRESENT POSTOFFICE OF MOTHER Murrells Inlet S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Year)(18) BIRTHPLACE Murrells Inlet S.C.(19) OCCUPATION Cook(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sept 11 at 1928 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Olaton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Murrells Inlet 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 Sept 17 1928 (28) Am. J. Vick Registrar