

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5966

County of HammondTownship of Blackville

Inc. Town of

Registration District No. 504 Registered No. 24

(For use of Local Registrar)

City of (No. St. Ward)

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

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 28, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Luddy Lhames
 (9) PRESENT POSTOFFICE OF FATHER Blackville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Gault
 (15) PRESENT POSTOFFICE OF MOTHER Blackville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION
 (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 Adverse at 7 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Butler
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed March 10, 1923 (28) L. L. Hammond 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 stillborns before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.