

(1) PLACE OF BIRTH

County of FlorenceTownship of Fake

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 Only

24436

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Registration District No. 209 Registered No. 91
(For use of Local Registrar)

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

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

(3) SEX <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) AGE AT LAST BIRTH <u>29</u>	(7) DATE OF BIRTH <u>May 29 23</u>
FATHER			MOTHER	
(8) FULL NAME <u>L. C. Cameron</u>			(14) NAME BEFORE MARRIAGE <u>Blair Bramberg</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>L. C. R. 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>L. C. R. 1</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>	
(12) BIRTHPLACE <u>NC</u>			(18) BIRTHPLACE <u>NC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Heater Cameron(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife L. C. R. 1

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/30 23 (28) L. C. R. 1 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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