

(1) PLACE OF BIRTH

County of LexingtonTownship of Gilbert Hollow

or

Inc. Town of

or

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

No. 12. - For State Registrar Only

29161

Registration District No. 21.07Registered No. 6.4

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy4) Twin or Triplet one5) Number in order of birth 46) Are Parents Married yes7) DATE OF BIRTH July 17, 1923

FATHER.

8) FULL NAME Horace Carroll Long9) PRESENT POSTOFFICE OF FATHER Lusville S.C.10) COLOR OR RACE white11) AGE AT LAST BIRTHDAY 3112) BIRTHPLACE Lexington County13) OCCUPATION R.R. Section Foreman20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Lillian Gertrude Smith15) PRESENT POSTOFFICE OF MOTHER Lusville S.C.16) COLOR OR RACE white17) AGE AT LAST BIRTHDAY 2518) BIRTHPLACE Lexington County19) OCCUPATION House-wife21) 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 Alive at 1.0 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lusville 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

19

(28)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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