

(1) PLACE OF BIRTH

County of Cuthbert
 Township of Cuthbert
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

234

Registration District No. 304Registered No. 8
(For use of Local Registrar)

(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

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

(3) SEX OF CHILD MALE	(4) Twin or Triplet ✓	(5) Number in order of birth ✓	(6) Are Parents Married ✓	(7) DATE OF BIRTH Jan 3, 1923 (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(9) NAME BEFORE MARRIAGE Ludie Terry	
(9) PRESENT POSTOFFICE OF FATHER			(10) PRESENT POSTOFFICE OF MOTHER Ira S.D.	
(10) COLOR OR RACE			(11) AGE AT LAST BIRTHDAY 28 (Year)	
(12) BIRTHPLACE			(13) BIRTHPLACE Edgert Geo Lee	
(14) OCCUPATION			(15) OCCUPATION Housekeeper	
(16) Number of children born to mother, including present birth 2			(17) 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 born alive or stillborn at 11:25 M., on the date above stated. (Hour - M. or P. M.)

(23) (Signature) D. H. Barron M.D.

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife
Ira S.D.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 2 1923 (28) D. H. Barron M.D.

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.