

(1) PLACE OF BIRTH

County of CalhounTownship of Bay

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14.—For State Register Only

753

Registration District No. 1303 Registered No. 8
(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 Walter D. L. L. L. If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Type of Birth L (5) Number in order of birth — (6) Age of Mother 24 (7) Date of Birth Jan 28 1923
To be given only in case of Twin or Triple(8) FULL NAME OF FATHER Eddie Landon (9) NAME BEFORE MARRIAGE River M. L. L. L.(10) PRESENT RESIDENCE OF FATHER Imberville St (11) PRESENT RESIDENCE OF MOTHER Imberville St(12) COLOR OF FATHER Black (13) AGE AT LAST BIRTHDAY 22 (14) COLOR OF MOTHER Black (15) AGE AT LAST BIRTHDAY 20
(16) BIRTHPLACE J.C. (17) BIRTHPLACE J.C.(18) OCCUPATION OF FATHER Harv. Labor (19) OCCUPATION OF MOTHER Housewife(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Sign alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Hester Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Madison

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 3 1923 (28) W. J. Imberville Local Registrar

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 be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.