

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spottsylvania</u>		STATE OF SOUTH CAROLINA		26162	
Township of <u>1</u>		Bureau of Vital Statistics			
Inc. Town of <u>Spottsylvania</u>		State Board of Health			
City of <u>Spottsylvania</u>		Registration District No. <u>40</u>		Registered No. <u>337</u>	
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Elyse Marie Bonifat Christy</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 14, 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lucas Christy</u>			(14) NAME BEFORE MARRIAGE <u>Lucas Christy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spottsylvania, Va.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spottsylvania, Va.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u>			(17) AGE AT LAST BIRTHDAY <u>27</u>		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Mrs. Shaving machine</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</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 <u>alive</u> at <u>7 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Johnston</u>					
(24) <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Spottsylvania, Va.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>9-1-23</u> <u>Joe Cooper</u> Local Registrar.		
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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