

FIRST-BORN. No. 1. THE OTHER. No. 2, etc. in question 1.

(1) PLACE OF BIRTH

County of Albermarle  
 Township of Hopewell  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH

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

File in this register only  
**26864**

Registration District No. 206 Registered No. 2-2  
 (For use of Local Registrar)

City of ..... (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 Lucretia Pooler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Boyd Pooler</u>	(14) NAME BEFORE MARRIAGE <u>Archie Mortis</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wagener</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wagener</u>
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Idaho</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Idaho</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>15</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Bear A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wagener

Given name added from a supplemental report

Jennie Lavery  
Feb 2 1924  
 Registered

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

(27) Filed Sept 30 1923 (28) Local Registrar [Signature]

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.