

RECEIVED FOR RECORDING  
WHEN PLAINLY, WITH UNWRAPPING INDENTURE IS A PERMANENT RECORD  
N. B.—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

County of Bamberg  
Township of Deerfield Bridge  
or  
Inc. Town of Chloro  
or  
City of

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

Registration District No. 461

No. 286—For State Registrar Only

Registered No. 7  
(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 Laurens Lucille Boyer

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>To be reported as stillborn or live</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Mar 21 1923</u> (Month) (Day) (Year)
(8) FULL NAME <u>P. Fair Godwin</u>		(9) NAME BEFORE MARRIAGE <u>Genea Ricks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chloro</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Chloro</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Laurens Co. SC</u>		(14) BIRTHPLACE <u>Bamberg Co. SC</u>	
(15) OCCUPATION <u>Painter</u>		(16) OCCUPATION <u>Housewife</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 born at 11 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. G. G. G.  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Chloro

Given name added from a supplemental report  
(26) Witness  
(Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Feb 17 1923 (28) Fla. Bennett  
Registrar 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.

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