

23 047131

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No

City of Lexington

STATE OF SOUTH CAROLINA

23 047131-2

Bureau of Vital Statistics  
State Board of Health

Ownership of Jack

Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(For use of Local Registrar)

Inc. Town of Irmo S.C.

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

City of Irmo S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Liswood Aileen DeLoache (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 \_\_\_\_\_ 6. Age at Birth \_\_\_\_\_ 7. DATE OF BIRTH Jan 17 1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER  
8. FULL NAME M. A. DeLoache

MOTHER  
14. NAME BEFORE MARRIAGE Mrs. Ruby Bell Baker

9. PRESENT POSTOFFICE OF FATHER Irmo S.C.

15. PRESENT POSTOFFICE OF MOTHER Irmo S.C.

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 24 (Years)

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 28 (Years)

12. BIRTHPLACE Ga

18. BIRTHPLACE Ala

13. OCCUPATION Oil Mill Employee

19. OCCUPATION Domestic

20. Number of children born to mother, including present birth 1

21. 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 at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature R. C. Mathias M.D.

24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife Irmo S.C.

Given name added from a supplemental report

26. Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed about 1933 28. C.W. Miller 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.

FIRST-BORN, No. 1.

CARY-BARBER PRINTING CO.