

23 047131

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

1677-a

City of Lexington
 Township of Fack
 or
 Inc. Town of Irmo
 or
 City of Irmo

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

(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 Liswood Aaron DeLoache (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Age 23 7. DATE OF BIRTH Jan 11 1923
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME M. A. DeLoache

9. PRESENT POSTOFFICE OF FATHER Irmo

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

12. BIRTHPLACE Ga

13. OCCUPATION Oil Mill Employee

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

MOTHER

14. NAME BEFORE MARRIAGE Mrs. Bess Baker

15. PRESENT POSTOFFICE OF MOTHER Irmo

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

18. BIRTHPLACE Ala

19. OCCUPATION Domestic

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

Given name added from a supplemental report

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

27. Filed about 19 33 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.