

THIS IS A PERMANENT RECORD
 WHEN PLACED IN THE UNRECORDED FILE—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 6.

(1) PLACE OF BIRTH

County of Charlotte
 Township of Dixfield
 or
 Inc. Town of
 City of

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

File No.—For State Registrar Only
3565

Registration District No. 146 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Minnie Maud Lettysen (and is not yet named, make supplemental report as directed)

(3) SEX OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 13, 1922</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ben C. Lettysen</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Lettysen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. # 5</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(12) BIRTHPLACE <u>Charlotte C. S.C.</u>	(16) COLOR OR RACE <u>Home</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Home</u>	
(19) OCCUPATION <u>Homemaker</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 white at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura L. Lettysen

(24) State whether Physician or Midwife midwife Address of Physician or Midwife Home

Given name added from a supplemental report

(25) Witness Dan H. Lettysen (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 1, 1922 M. B. Harris 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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