

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42034

County of Darlington
 Township of Beatty Hill
 or
 Inc. Town of
 or
 City of

Registration District No. 1510 Registered No. 93
 (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 Lizzie Pugh

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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cressly Pugh(9) PRESENT POSTOFFICE OF FATHER Beatty Hill(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Pugh(15) PRESENT POSTOFFICE OF MOTHER Beatty Hill(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hannah Moore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Jan H. H. (28) 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 1st month of pregnancy.