

(1) PLACE OF BIRTH

County of DeputytonTownship of 11or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4357

Registration District No. 310.9 Registered No. 141

(For use of Local Registrar)

(No. 11 St.; 141 Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 24 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE La(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Goff(15) PRESENT POSTOFFICE OF MOTHER Lexington SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE Saluda(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexington

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 9 1923(28) Mrs. C.E. Taylor Local Registrar

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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