

## (1) PRACH OF BIRTH

County of Rich .....

Township of .....

Inc. Town of .....

City of Columbia (No. 1525 Barnwell .....

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

(2) Full Name of Child Heber Susie Lay .....

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

(1) BOY OR GIRL? girl(2) Twin or Triplet? X(3) Number in order of birth X(4) Are Parents Married? Y(5) DATE OF BIRTH Dec 15 1923

(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME Folie Lay(7) PRESENT POSTOFFICE OF FATHER Columbia(8) COLOR OR RACE White(9) AGE AT LAST BIRTHDAY 29 (Years)(10) BIRTHPLACE Scott Co. Tenn.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 2

MOTHER

(13) NAME BEFORE MARRIAGE Jessie Mae Sellers(14) PRESENT POSTOFFICE OF MOTHER Columbia S. C.(15) COLOR OR RACE White(16) AGE AT LAST BIRTHDAY 29 (Years)(17) BIRTHPLACE New Market Tenn.(18) OCCUPATION H. W.(19) 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 Alive at 6 10 a 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 Physician(25) Address of Physician or Midwife 2412 Gaston

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

(27) Date May 16 1923(28) G. J. Sloan Local Registrar

When there was no attending physician or midwife, then the father, householders, 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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