

(1) PLACE OF BIRTH

County of BerkeleyTownship of 1st Johnor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

347

Registration District No. 707 Registered No. 5
(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 Hubbert Laddes

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

(3) SEX OF CHILD <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Solomon Laddes(9) PRESENT POSTOFFICE OF FATHER Bonham S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Berkeley co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Lethers(15) PRESENT POSTOFFICE OF MOTHER Bonham S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Berkeley co S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Aggie F. Davis

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

midwifeBonham S.C.

Given name added from a supplemental report

(25) Witness Solomon Laddes
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 1/20/ 1923. (27) R. A. Lincoln 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 required of stillbirths before the fifth month of pregnancy.