

(1) PLACE OF BIRTH

County of LaurensTownship of Laurens

OR

Inc. Town of

OR

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

1927

Registration District No. 2904

Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child Hughlee Irby

{ 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 case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 15

22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lahugh Irby

(9) PRESENT POSTOFFICE OF FATHER

Laurens S.C. Rte 4

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Laurens Co S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Mennie Sullivan

(15) PRESENT POSTOFFICE OF MOTHER

Laurens S.C. Rte 4

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Laurens CO S.C.

(19) OCCUPATION

Domestic

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

5

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. E. K. K. K.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Laurens S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date

June 15 1927

(28)

L. E. K. K. K.

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.