

## (1) PLACE OF BIRTH

County of FairfieldTownship of 15or  
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

72655

Registration District No. 1914 Registered No. 31  
(For use of Local Registrar)City of (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 Lucy Catharine Ladd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Aug 12 1916  
(Name of Month) (Day) (Year)

(8) FATHER.

(9) FULL NAME Mr. Alley Ladd(10) PRESENT POSTOFFICE OF FATHER Dawkins S.C.(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 34 (Years)(13) BIRTHPLACE Fairfield Co S.C.(14) OCCUPATION Merchant(15) Number of children born to mother, including present birth One

MOTHER.

(16) NAME BEFORE MARRIAGE Helen M Coleman(17) PRESENT POSTOFFICE OF MOTHER Dawkins S.C.(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 27 (Years)(20) BIRTHPLACE Fairfield Co S.C.(21) OCCUPATION House wife(22) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Jas. E. Douglass M.D.(25) State whether Physician or Midwife (26) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

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Registrar

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

(28) Filed Aug 12 1916 (29) J. A. Scott 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 fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.