

(1) PLACE OF BIRTH

County of Laurens
 Township of Youngs
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

21708

Registration District No. 2908Registered No. 36
 (For use of Local Registrar)

(No. Hq. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3) BOY OR GIRL <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>July 11, 1923</u> (Day) (Month) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Irby Richard</u>			14) NAME BEFORE MARRIAGE <u>Sallie M. Nimm</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lanford, S.C. R.F.D.#1</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lanford, S.C. R.F.D.#1</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	16) COLOR OR RACE <u>white</u>		17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
12) BIRTHPLACE <u>Lptry. Co. S.C.</u>			18) BIRTHPLACE <u>Newman Co. N.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4a M., on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) C. D. Hanna

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Physician Enore, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10 13

(28)

Local Registrar.

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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.