

(1) PLACE OF BIRTH

County of LamusTownship of Lamusor Town of LamusCity of Lamus

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

7557

Registration District No. 24 ARegistered No. 16

(For use of Local Registrar)

(No. 24 A St. 16 Ward 16)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)(2) Full Name of Child Henry Robert Vash (If child is not yet named, make supplemental report as directed)1. BOY OR GIRL? Boy 2. Twin or Triplet? No 3. Number in order of birth 1 4. Are Parents Married? Yes 5. DATE OF BIRTH 7-20-23
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Harry Parrish7. PRESENT POSTOFFICE OF FATHER Lamus, SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32 (Years)12. BIRTHPLACE N.J.13. OCCUPATION Blacksmith20. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Norma Yoder15. PRESENT POSTOFFICE OF MOTHER Lamus, SC16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 29 (Years)18. BIRTHPLACE Pa.19. OCCUPATION Domestic21. 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 born at Lamus, SC, on the date above stated. (Normal or Stillborn) (How) (M. or P.M.)(23) Signature Lester R. Walker(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lamus, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/14/23

(28)

Local Registrar

Registrar 3

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.