

## (1) PLACE OF BIRTH

County of Dickinson

Township of .....

Inc. Town of .....

City of Essex

(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

No. 18781

Registration District No. 32nd Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Lyndon Frederick

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

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet <u>No</u> To be covered only in event of Twin or Triplet	(3) Number in order of birth <u>1</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>June 7, 23</u> (Month) (Day) (Year)
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## FATHER

(6) FULL NAME Homer C. Durham(7) PRESENT POSTOFFICE OF FATHER Essex(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 27 (Year)(10) BIRTHPLACE S.C.(11) OCCUPATION Barber(12) Number of children born to mother, including present birth 4

## MOTHER

(13) NAME BEFORE MARRIAGE Pansy Hooper(14) PRESENT POSTOFFICE OF MOTHER Essex(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 23 (Year)(17) BIRTHPLACE N.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) J. B. Ball, M.D.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Essex

Given name added from a supplemental report

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

(25) Signed June 22, 23 (26) R. F. W. S. J. 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.

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