

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 R. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Laurens</u>		STATE OF SOUTH CAROLINA.		41265	
Township of <u>"</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of <u>Laurens</u>		Registration District No. <u>2</u>		Registered No. <u>114</u>	
City of <u>Laurens</u>		(No. <u>517 N. Main</u> )		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>3</u> Ward			
(2) Full Name of Child <u>John Henry Armstrong</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 10</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Howard Armstrong</u>			(14) NAME BEFORE MARRIAGE <u>Fannie May Wright</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>Laurens, S.C.</u>			(18) BIRTHPLACE <u>Laurens, S.C.</u>		
(13) OCCUPATION <u>Express Agent</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:50</u> M. on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Ferguson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>12/11/23</u> (28) <u>C. Kennedy</u> 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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