

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 8.

(1) PLACE OF BIRTH

County of Allendale

Township of Allendale

or Inc. Town of Fairfax

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

40680

Registration District No. 4607 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Leo O. Judd, Jr. } 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>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 29, 1927</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leo O. Judd

(9) PRESENT POSTOFFICE OF FATHER Fairfax S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Wilmington N.C.

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Bessinger

(15) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report
..... 191....
.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 10, 1928 (28) [Signature] 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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