

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 5.

(1) PLACE OF BIRTH
County of Good
Township of 1st
or
Inc. Town of 1st
or
City of 1st
(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
22469

Registration District No. 73rd Registered No. 89
(For use of Local Registrar)

(2) Full Name of Child Hedy Geneva (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL? 1 4. Twin or Triplet? 1 5. Number in order of birth 2 6. Are Parents Married? yes 7. DATE OF BIRTH May 15, 1922
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Walter D. LaRue
9. PRESENT POSTOFFICE OF FATHER Good
10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 21
(Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Textile
20. Number of children born to mother, including present birth 1

MOTHER
14. NAME BEFORE MARRIAGE Vienna LaRue
15. PRESENT POSTOFFICE OF MOTHER Good
16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 19
(Years)
18. BIRTHPLACE P.R.
19. OCCUPATION Domestic
21. 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 alive or stillborn at 5:50 M., on the date above stated. (Hour, A.M. or P.M.)

(23) (Signature) J. D. Harris (24) State whether Physician or Midwife (25) Address of Physician or Midwife Good

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Williams
(27) Filed 6/10/22 19 22 (28) W. H. Williams 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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Form 5-6

MEDICAL COLUMBIA, S. C.