

(1) PLACE OF BIRTH

County of LeeTownship of Stokes Bridge

Inc. Town of

(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

36726

Registration District No. Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child L B Best Jr

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

(3) SEX MALE

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Sept 13 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L B Best(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C. 11(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Lee Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Witherspoon(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C. 11(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Lee Co S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. Beckham(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

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

(26) Filed Sept 30 1913 (27) 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.

Registrar

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