

(1) PLACE OF BIRTH

County of Laurens
 Township of Biak
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43265

Registration District No. 2901Registered No. 142
(For use of Local Registrar)

City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 19, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John L. Luby
 (9) PRESENT POSTOFFICE OF FATHER Cummings SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 42
 (Year) (12) BIRTHPLACE Laurens CO SC
 (13) OCCUPATION Farm

MOTHER.

(14) NAME BEFORE MARRIAGE Kara Evans
 (15) PRESENT POSTOFFICE OF MOTHER Cummings SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38
 (Year) (18) BIRTHPLACE Laurens CO SC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. T. Pace(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Gray Creek

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Date Jan 6, 1923 (28) W. C. Mahan
 Local Registrar

*When there was no attending physician or midwife at the birth, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.