

Form No. 3

## (1) PLACE OF BIRTH

County of **Dorchester**.....Township of **Koger**.....

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

Registration District No. **1705**... Registered No. **351**.....

(For use of Local Registrar)

(2) Full Name of Child **Lorton Howard Westbury**--- If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL <b>boy</b>	(4) Twin or Triplet <b>1</b>	(5) Number in order of birth <b>3</b>	(6) Are Parents Married? <b>yes</b>	(7) DATE OF BIRTH <b>January 26 1923</b> (Name of Month) (Day) (Year)
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## FATHER.

(a) FULL NAME **Lorton R. Westbury**(b) PRESENT POSTOFFICE OF FATHER **Bowman S.C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **46** (Years)(12) BIRTHPLACE **S.C.**

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE **Cora Bell Laabenett**(15) PRESENT POSTOFFICE OF MOTHER **Bowman S.C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **40** (Years)(18) BIRTHPLACE **S.C.**

(19) OCCUPATION

**Housewife**(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 **BORN ALIVE**..... at **9 P. M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **L. R. Westbury**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

**Father of Child Bowman S.C.**

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed as "stillborn")

(27) Filed **6-22-23** 19

(28)

**E. C. Eubank**  
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.