

## (1) PLACE OF BIRTH

County of Williamsburg  
Township of Penn  
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

2720

Registration District No. 4308

Registered No. ....  
(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 Louisa Judou

1: child is not yet named, make  
supplemental report as directed

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

**To be answered only in event of Twins or Triplets**

(5) Number in  
order of birth

(6) Are Parents *nt* Married?

(7) DATE OF

BIRTH Jan 19 2 1944  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

John Judson

(9) PRESENT  
POSTOFFICE  
OF FATHER.

Lanes 20

(10) COLOR

neg

(11) AGE AT LAST BIRTHDAY

47

(12) BIRTHPLACE

PLACE 1-1-1 (1 year)

013 OCCUPATION

Salores

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

1. 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8-13 M.,  
on the date above stated. (Born alive or stillborn) (Place of birth)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(28) **Witness**

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

(27) FBI

Jan 23 - 18

(2) A. B. Mosely

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.