

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Johns Creek

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

43549

Registered No. 24
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child. 0

(3) BOY OR GIRL?

(4) Twin or triplet? 0(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME K. R. R. R.(9) PRESENT POSTOFFICE OF FATHER Beaufort, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Beaufort, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kathie Henderson(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Beaufort, S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. L. Lull

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beaufort, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 10 1924(28) J. H. L. Lull 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 seventh month of pregnancy.

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