

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17451

Registered No. 10

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laurence R. Herndon

(3) Sex <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 5, 29</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
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(8) FULL NAME Laurence R. Herndon Sr.(9) PRESENT POSTOFFICE OF FATHER Ridgville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE So. Car.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Virnie Riggs(15) PRESENT POSTOFFICE OF MOTHER Ridgville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE So. Car.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Green(24) State whether Physician or Midwife Midwife (Notary Public or Physician or Midwife) Ridgville, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed in ink) Mar. 12, 29(26) Local Registrar G. H. H. H.

(27) Filed

*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.