

(1) PLACE OF BIRTH

County of HarryTownship of Daphne Neckor
Inc. Town ofor
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

19029

Registration District No. 2504 Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Archie E. Van Laesthut(9) PRESENT POSTOFFICE OF FATHER Hand(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 3
(Years)(12) BIRTHPLACE Harry Co. S.C.(13) OCCUPATION Farming

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE Dell Bishop(15) PRESENT POSTOFFICE OF MOTHER Hand(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Harry Co. S.C.(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. A. E. Livingston et al. wife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Hand

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) File June 70 1922 (28) D. H. Asher 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.