

(1) PLACE OF BIRTH

County of MarlboroTownship of Smithville

or

Inc. Town of

or

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

43784

Registration District No. 3396 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child Loriz Ross

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

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>dec 15 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME
Hayes Ross(9) PRESENT POSTOFFICE OF FATHER
Kellock, S.C.(10) COLOR OR RACE
Negro(11) AGE AT LAST BIRTHDAY
36
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE
Lizer Ross(15) PRESENT POSTOFFICE OF MOTHER
Kellock, S.C.(16) COLOR OR RACE
Negro(17) AGE AT LAST BIRTHDAY
30
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work(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 at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen Kellock

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Kellock, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed dec 15 1922 (28) W. H. Priest
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.