

(1) PLACE OF BIRTH

County of YorkTownship of Simpson's Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2509

File No.—For State Registrar Only

38904

Registered No. 100
(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 Lucille Petrus

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 101922

(8) FULL NAME

Sid Patrick

(9) PRESENT POSTOFFICE OF FATHER

Longs

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Longs Se.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bella Nelson

(15) PRESENT POSTOFFICE OF MOTHER

Longs Se

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Hammond Se

(19) OCCUPATION

Housewife

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

3

(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 Born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour of day, M. or P. M.)

(23)

(Signature)

Bessie Wilson

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

MedullaHammond Se

Given name added from a supplemental report

(26) Witness

W. L. Laine

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

(27) Filed

Sept 181922(28) James L. Smith

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.