

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Spartanburg

(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

5660

Registration District No. 40-a Registered No. 51

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Baby Lausdale If child is not yet named, make supplemental report as directedLola Gibson(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 19 22

To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME G.R. Lausdale (14) NAME BEFORE MARRIAGE Louise Tomlinson(9) PRESENT POSTOFFICE OF FATHER 694 E. Main (15) PRESENT POSTOFFICE OF MOTHER Spartanburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 2(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Groceries (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (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 Born alive at 6:50 A.M., on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)(23) (Signature) Beal R. M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 156 E. Main

Given name and address from a supplemental report

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

(27) Filed 3-1-22 19 22 (28) Jan Copes 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.

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