

(1) PLACE OF BIRTH

County of Horry
 Township of Gallivants Ferry
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

42981

Registration District No. 250 Registered No. 122
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lacy Gore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 18, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Deftor Gore
 (9) PRESENT POSTOFFICE OF FATHER Gallivants Ferry
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Year) (12) BIRTHPLACE Florida
Horry County
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly C. Gore
 (15) PRESENT POSTOFFICE OF MOTHER Gallivants Ferry
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Year) (18) BIRTHPLACE Horry County
 (19) OCCUPATION Housewife
 (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 lived at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Keat Gallivants Ferry
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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) J. M. Huggins
 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.