

## (1) PLACE OF BIRTH

County of ClarendonTownship of Doyle

Inc. Town of .....

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 HealthFile No. — For State Registrar Only  
**17281**Registration District No. 1313Registered No. 22

(For use of Local Registrar)

2) Full Name of Child Mary Ellen Ladd

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

BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 9, 1923</u> (Name of Month) (Day) (Year)
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## FATHER

FULL NAME Hubert Ladd LaddPRESENT POSTOFFICE OF FATHER Doyle, S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE Clarendon, S.C.OCCUPATION FarmerNumber of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Maguette Cooke(15) PRESENT POSTOFFICE OF MOTHER Doyle, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Clarendon, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Physician (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilmington, S.C.

Name added from a supplemental report

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

(27) Filed July 9, 1923 (28) A. White Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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