

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of

OR
Inc. Town of *Harbottle*OR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lucien Kaeon Ammend*

File No.—For State Registrar Only

3553/12

Registered No.
(For use of Local Registrar)(3) BOY OR GIRL? *h.*(4) Twin or Triplet? *yes*(5) Number in order of birth
To be entered only in case of Twin or Triplet(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Feb. 16, 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. L. Somerset*(9) PRESENT POSTOFFICE OF FATHER *Harbottle S.C.*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *39*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Carpenter*(14) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Kaeon*(15) PRESENT POSTOFFICE OF MOTHER *Harbottle S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *William H. Kaeon*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Harbottle 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 *Feb 12 23*

(28)

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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