

Form No. 3

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor
Inc. Town of Laurensor
City of Laurens

(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

Registration District No. 299Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Lucie Allison

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Sex of Parents M

(7) DATE OF BIRTH

Dec 16 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Allison(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Laurens SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Allison(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Laurens SC(19) OCCUPATION Laundress(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) James J. Smith(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(25) Witness Martha James

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

(26) Filed 12/31/23

(27)

(28) Local Registrar C. Kennedy

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.