

(1) PLACE OF BIRTH

County of Spawton
 Township of Neck
 or
 In Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15925

Registration District No. 14006 Registered No. 61
 (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 Lennie Mae Gott If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Girl 4 Twin or Triplet 5 Number in order of birth 6 Age Parents Married Yes 7 DATE OF BIRTH 5-23-23
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Lennie Gott
 9 PRESENT POSTOFFICE OF FATHER Lough S.C.
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 31 (Year)
 12 BIRTHPLACE S.C.
 13 OCCUPATION Millwork

MOTHER.

14 NAME BEFORE MARRIAGE Carrie Lough
 15 PRESENT POSTOFFICE OF MOTHER Lough S.C.
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 20 (Year)
 18 BIRTHPLACE S.C.
 19 OCCUPATION Housewife
 20 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) Hour or P. M.)

(22) (Signature) M. A. Gott(23) State whether Physician or Midwife (24) Address of Physician or Midwife Neck S.C.

Give name added from a supplement-
 (a) report

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

(26) Filed 6-5-23 (27) 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