

(1) PLACE OF BIRTH

County of **Georgetown**

Township of

or Town of

or **Georgetown**

(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 **Lula Annette Truette**

File No.—For State Register Only

3901

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. **21** Registered No. **13**
(For use of Local Registrar)(No. **717** **Cleland** St.: Ward)

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

3. BOY OR GIRL **Boy** 4. Twin or Triplet ----- 5. Number in order of birth **2** 6. Are Parents Married **Yes** 7. DATE OF BIRTH **Jan 7th 1923**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Loy Falmage Truette**(9) PRESENT POSTOFFICE OF FATHER **Georgetown, S.C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **24**
(Years)(12) BIRTHPLACE **Cartersville, S.C.**

(13) OCCUPATION

School Teaching(14) Number of children born to mother, including present birth **Two**

MOTHER.

(15) NAME BEFORE MARRIAGE **Thelma Edith Jordan**(16) PRESENT POSTOFFICE OF MOTHER **Georgetown, S.C.**(17) AGE AT LAST BIRTHDAY **24**
(Years)(18) BIRTHPLACE **Lamar, S.C.**

(19) OCCUPATION

Housekeeping(20) Number of children of this mother now living, including present birth **Two**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Born Alive** at **8 A. M.** on the date above stated. **Born alive or stillborn** Hour A. M. or P. M.)(23) (Signature) **Wm. Gaillard**

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Georgetown, S.C.

(When name added from a supplemental report)

(26) Witness

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

(27) Filed **Jan 1923** (28) **Local Registrar**

If there was no attending physician or midwife, then the father, householder, etc., should make this return. Child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.