

(1) PLACE OF BIRTH

County of LexingtonTownship of Hilbert

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

35398

Registration District No. 3107Registered No. 109
(For use of Local Registrar)

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

(2) Full Name of Child

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 23 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Eustace Houdamine(9) PRESENT POSTOFFICE OF FATHER Summit, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

MOTHER

(14) NAME BEFORE MARRIAGE Callie Shaly(15) PRESENT POSTOFFICE OF MOTHER S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline 13 at A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. A. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed (28) P. A. Smith
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.