

(1) PLACE OF BIRTH

County of ColletonMunicipality of Warren

City of

or

City of

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

Registration District No. 1410File No.—For State Registrar Only
31827Registered No. 68
(For use of Local Registrar)(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 Regina Ruth Larnade If child is not yet named, make supplemental report as directed(3) SEX OR SEX girl (4) Twin or Triplet No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 23
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Percy Robert Larnade

(9) PRESENT POSTOFFICE OF FATHER Smocks S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rennie Mae Ballard

(15) PRESENT POSTOFFICE OF MOTHER Smocks S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) C. S. Johnson M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Smocks 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 Apr 23 1942 (28) R. M. Larnade 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 required of stillbirths before the fifth month of pregnancy.