

PLACE OF BIRTH

City of Marion
County of Woodberry

Town of

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

No. 29320 — For State Registrar Only

Registration District No. 3208 Registered No.
(For use of Local Registrar)

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

Full Name of Child Katherine B. Regg Larimer If child is not yet named, make supplemental report as directed

(1) Sex Female (2) Total children 2 (3) Age 2 1/2 (4) Date of Birth July 21, 1923
To be answered only in event of Twins or Triplets (Place of Birth) (Day) (Year)

FATHER.
(1) Name before marriage Benjamin T. Larimer
(2) Present occupation of father Farmer
(3) Color or race White (4) Age at last birthday 46
(5) Birthplace Hay Co
(6) Occupation Farmer
(7) Number of children born to father, including present birth 9

MOTHER.
(1) Name before marriage Linda Richardson
(2) Present occupation of mother Housewife
(3) Color or race White (4) Age at last birthday 39
(5) Birthplace Marion Co
(6) Occupation Housewife
(7) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. J. Williams
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed August 1923 (27) R. O. Williams 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