

(1) PLACE OF BIRTH

County of Dorchester
 Township of Lake
 OF
 Inc. Town of
 OF
 City of (No. Ward)

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
28317

Registration District No. 2009Registered No. 117
(For use of Local Registrar)

(2) Full Name of Child

Lie Aaron Crum

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

6

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 14 1923
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

L. D. Crum

(9) PRESENT POSTOFFICE OF FATHER

Les, S.C. R1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Les, S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Yarbrough

(15) PRESENT POSTOFFICE OF MOTHER

Les S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Lexington, S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 P.M. on the date above stated. (born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

W. S. Lynch M.D.

(24) State whether Physician or Midwife

Phys

(25) Address of Physician or Midwife

Lake City, 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

1/28/23 (28) 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.

before the fifth month of pregnancy.