# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3129

(1) PLACE OF BIRTH

County of Lancaster

Township of Lancaster
or
Inc. Town of .....
or
City of .....

Registration District No. 400 Registered No. 33
(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 Lamar Ruth Auger

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

| (3) BOY OR GIRL | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) | (Day) | 19 (Year) |
|---|---|---|---|---|---|---|
| | | | Yes | Jan | 25 | 44 |

## FATHER.

(8) FULL NAME .....

(9) PRESENT POSTOFFICE OF FATHER Lancaster S C

(10) COLOR OR RACE .....

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Lancaster

(13) OCCUPATION .....

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Bonds

(15) PRESENT POSTOFFICE OF MOTHER Lancaster S C

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Lancaster S C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. L. O. Tucker

(24) State whether Physician or Midwife Phy.

(25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report .....

..... Registrar

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

(27) Filed 3-29 19 44 (28) John Cooper 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.

No. 22—In case of TWINS use "FIRST-BORN" and "SECOND-BORN" in addition to proper names. In case of TRIPLETS use "FIRST-BORN," "SECOND-BORN" and "THIRD-BORN" in addition to proper names.

Bureau of Statistics, Columbia, S. C.