

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

County of *Dalrymple*Township of *Clyde*

Inc. Town of.....

City of.....

Registration District No. *1512*Registered No. *42040*
(For use of Local Registrar)

(No. St.; Word)

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

(2) Full Name of Child *Louise Luther*

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 *6*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Dec. 26, 22*

(Name of Month) (Day) (Year)

(8) FULL NAME FATHER *Thomas L. Luther*(9) PRESENT POSTOFFICE OF FATHER *McBee Sc R2*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45*(12) BIRTHPLACE *Sc*(13) OCCUPATION *Farmer & Lumberman*(20) Number of children born to mother, including present birth *6*(14) NAME BEFORE MARRIAGE MOTHER *Matthie Dunlap*(15) PRESENT POSTOFFICE OF MOTHER *McBee Sc R2*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37*(18) BIRTHPLACE *Sc*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 X* M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Dr. H. J. Bentley*

(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 *Jan 4, 22* (28) *M. J. McKeen* 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.

RECEIVED BY THE REGISTRAR OF THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

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