

(1) PLACE OF BIRTH

County of Hampton
 Township of Peoples
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30650

Registration District No. 2402Registered No. 110
(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 Lucile Perry (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2 22
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Shover Jerry(9) PRESENT POSTOFFICE OF FATHER Varnville SC(10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE H. Co(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Jerry(15) PRESENT POSTOFFICE OF MOTHER Varnville SC(16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE H. Co(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Carrie Golfer Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Varnville SC

Given name added from a supplemental report

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

(27) Filed Sept 8 1922 (28) W. Rogers 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.