

(1) PLACE OF BIRTH

County of UdallTownship of Lattaor Inc. Town of Lattaor City of Latta

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33126

Registration District No. 204Registered No. 133

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR GALT <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9/26/23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James B. Christman</u>			(14) NAME BEFORE MARRIAGE <u>Lulu May Cook</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Latta</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Latta</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>Udall Co</u>			(18) BIRTHPLACE <u>Marlboro Co</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 P. M., on the date above stated. (If child alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)
F. P. Phipps(24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
Latta

When name added from a supplemental report

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

(27) Filed 10/6/23 (28) James H. Jones 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.

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