

(1) Place of Birth

County Darlington
Township of Harbottle S.C.
or
Inc. Town Harbottle S.C.
or
City of

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

Registration District No. 15 B

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Elyzabeth Mary Lett

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

(3) SEX OF CHILD <u>Female</u>	(4) Type or Types Is <u>born</u> or <u>born</u> or <u>born</u>	(5) Number in order of birth	(6) Sex of mother <u>Female</u>	(7) DATE OF BIRTH <u>Jan 29 1923</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	---------------------------------	--

FATHER.

(8) FULL NAME Walker Early Lett

(9) PRESENT RESIDENCE OF FATHER Harbottle

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE Darlington S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Sallie Sarah Boone

(16) PRESENT RESIDENCE OF MOTHER Harbottle

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 25

(19) BIRTHPLACE Darlington S.C.

(20) 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 on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.) 6:30 P. M.

(23) (Signature) J. L. Gaur

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Harbottle S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 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.

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.