

(1) PLACE OF BIRTH

County of Lancaster
 Township of Flat Creek

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19172

Inc. Town of Registration District No. 2803 Registered No. 52
 (For use of Local Registrar)
 City of (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. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ☒ (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lander Faile

(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Years)

(12) BIRTHPLACE Lancaster Co. S.C.

(13) OCCUPATION Cotton Mill Operator

(20) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Patsy Allison

(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE Lancaster Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 P M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Bell M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Kershaw S.C.

Given name added from a supplemental report

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

(27) Filed May 10, 1922 (28) T. C. Nelson
 Registrar 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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