

(1) PLACE OF BIRTH

County of LancasterTownship of Cannonville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7517

Registration District No. 2801Registered No. 1
(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. Henry L. Lough If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 14 1911
(Month of Birth) (Day) (Year)

FATHER.

(8) NAME BEFORE MARRIAGE Henry L. Lough(9) PRESENT POSTOFFICE OF MOTHER Lancaster(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Henry L. Lough(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2) I hereby certify that I attended the birth of this child, who was born alive at 5:35 P.M. on the date above stated. (Born alive or stillborn) (Hour)(23) (Signature) W. H. Lough(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Lough(27) Filed March 6, 1911 (28) W. H. Lough Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Provide the birth month of pregnancy.