

(1) PLACE OF BIRTH

County of Lancaster
 Township of Diabola
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

(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

39092

Registration District No. 290 Registered No. 105
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illiterate
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE — (11) AGE AT LAST BIRTHDAY — (Years)
 (12) BIRTHPLACE —
 (13) OCCUPATION —
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Choice
 (15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic Laborer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alba Bryant
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gray Court S.C.

Given name added from a supplemental report

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

(27) Filed Dec 5, 1922 (28) A. C. Mahon 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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