

(1) PLACE OF BIRTH

County of FlorenceTownship of Lakeor
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

22159

Registration District No. 2009 Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make
supplemental report as directed3. BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes 7. DATE OF BIRTH June 26, 1922
(Male of Month) (Day) (Year)

FATHER.

8. FULL NAME Jim Hanna9. PRESENT POSTOFFICE OF FATHER Lake City S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
(Years)12. BIRTHPLACE Lake City S.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 9

MOTHER.

14. NAME BEFORE MARRIAGE Jamie Mathews15. PRESENT POSTOFFICE OF MOTHER Lake City S.C.16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)18. BIRTHPLACE Henningway S.C.19. OCCUPATION House wife21. Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:00 M.,
on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)(23) (Signature) W. S. Lynch, M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City S.C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 7/11/22 (28) R. L. Carter
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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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