

PLACE OF BIRTH
County of Lancaster
Township of Buford

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

File No. — For State Registrar Only
19146

Sex of Registration District No. 2809 Registered No. 44
(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.)

Full Name of Child Laney ... } If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? Yes (2) Number in order of birth 1 (3) Are Parents Married? Yes (4) DATE OF BIRTH 6/12 22
(Name of Month) (Day) (Year)

FATHER. Minor Laney
Lancaster
(11) AGE AT LAST BIRTHDAY 35
(Years)
S. C.
Farming
Number of children born to ... 7 ...
... including present birth

MOTHER. Helms
(12) NAME BEFORE MARRIAGE
(13) PRESENT POSTOFFICE OF MOTHER Lancaster
(14) COLOR OR RACE N (15) AGE AT LAST BIRTHDAY 37
(Years)
(16) BIRTHPLACE N. C.
(17) OCCUPATION Homemaker
(18) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was ... 8 ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(19) (Signature) H. B. Dunderberg, M.D.
(20) State whether Physician or Midwife (21) Address of Physician or Midwife
Physician Lancaster S. C.

Given name added from a supplemental report
... IMI ...
Registrar
(22) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(23) Date July 11 1914 (24) A. M. Hinson
Local Registrar

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