

(1) PLACE OF BIRTH

County of Lexington
 Township of Cody
 or
 Inc. Town of _____
 or
 City of Cayce S.C.
 (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

Registration District No. 3/05

File No.—For State Registrar Only

8328

Registered No. 2
 (For use of Local Registrar)

St.: _____ Ward)
 (No. _____)

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

(2) Full Name of Child

(1) BOY OR GIRL Boy (2) Twin or Triplet? one (3) Number in order of birth 1st (4) Are Parents Married? yes (5) DATE OF BIRTH Jan 25 1922
 (Name of Month) (Day) (Year)

MOTHER.

FATHER.
 (6) FULL NAME L. F. McDowell
 (7) PRESENT POSTOFFICE OF FATHER Cayce S.C.
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 35 (Year)
 (10) BIRTHPLACE S.C.
 (11) OCCUPATION Public work

(14) NAME BEFORE MARRIAGE Viola Emerson
 (15) PRESENT POSTOFFICE OF MOTHER Cayce S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1 child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A. M.
 (Born alive or stillborn.) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. A. [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/30 1922 (28) J. C. Lybrand Local Registrar

When there was no attending physician or midwife, then the father, householders, 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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