

(1) PLACE OF BIRTH
 County of Lancaster
 Township of Gills Creek
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
1740

Registration District No. 106 Registered No. 1716
 (For use of Local Registrar)

(No. St.; Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Mc. Cumber
 (9) PRESENT POSTOFFICE OF FATHER Lancaster
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE Lancaster County
 (13) OCCUPATION Cotton mill
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizabeth Cumber
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE Lancaster S.C.
 (19) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at home at 5:30 M. on the date above stated. (Born alive (stillborn) (Hour A. M. or P. M.))

(23) (Signature) Mary Adams
 (24) Sign if, whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by Registrar)
 (27) Filed Jan 21 1922 (28) J. T. Thomas Local Registrar

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

STATE OF SOUTH CAROLINA, Columbia, S. C. FORM 0717-11, No. 2, etc., in question 5.