

(1) PLACE OF BIRTH

County of AikenTownship of Bryce

Inc. Town of

City of Marionville

(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

12586

Registration District No. 204 Registered No. 38

(For use of Local Registrar)

(No. 7/13/23)(2) Full Name of Child. Alessia Lanford

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

(1) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	<u>Yes</u>	<u>1</u>	<u>No</u>	<u>May 6 23</u>
(8) FULL NAME		(14) NAME BEFORE MARRIAGE		
<u>R. P. Lanford</u>		<u>Lizzie Wheeler</u>		
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER		
<u>Marionville SC</u>		<u>Marionville</u>		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	
<u>Colored</u>	<u>32</u> (Years)	<u>Colored</u>	<u>14</u> (Years)	
(12) BIRTHPLACE		(18) BIRTHPLACE		
<u>Aiken Co</u>		<u>Aiken Co</u>		
(13) OCCUPATION		(19) OCCUPATION		
<u>Farmer</u>		<u>Domestic</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		
<u>2</u>		<u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive as born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Henrietta H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed

May 7th 1923 W. P. Threlkeld, Jr. 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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