

## (1) PLACE OF BIRTH

County of LexingtonTownship of 1

or

Inc. Town of 1

or

City of 1

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

File No. — For State Registrar Only

9050

 Registration District No. 40-A Registered No. 111  
 (For use of Local Registrar)

 (No. 145 Green Ave St.; 1 Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
(2) Full Name of Child E. J. Lane Jr. If child is not yet named, make supplemental report as directed
 (3) SEX OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 17 (Name of Month) (Day) (Year)

 (8) FATHER'S FULL NAME E. J. Lane (9) MOTHER'S NAME BEFORE MARRIAGE Eugenia Holland

 (10) PRESENT POSTOFFICE OF FATHER Lexington, S.C. (11) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.

 (12) COLOR OR RACE N (13) AGE AT LAST BIRTHDAY 34 (14) COLOR OR RACE N (15) AGE AT LAST BIRTHDAY 30 (Year)

 (16) BIRTHPLACE N.C. (17) BIRTHPLACE S.C.

 (18) OCCUPATION Barber (19) OCCUPATION Housewife

 (20) Number of children born to mother, including present birth 17 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

 (22) I hereby certify that I attended the birth of this child, who was Alive at 12:40 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

 (23) (Signature) H. J. Cooney, M.D. (24) State whether: Physician or Midwife Physician (25) Address of Physician or Midwife Lexington, S.C.

 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) James P. Lessor

 (27) Filed 4-1-1922 (28) Local Registrar James P. Lessor

\*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.

Before the fifth month of pregnancy