

## (1) PLACE OF BIRTH

County of PickensTownship of Columbia

Inc. Town of .....

City of .....

(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

19865

Registration District No. 3707 Registered No. 7  
(For use of Local Registrar)(2) Full Name of Child E. Anna Lollis { If child is not yet named, make supplemental report as directed(3) Sex Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH June 2, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward A. Lollis(9) PRESENT POSTOFFICE OF FATHER Pickens SC #3(10) COLOR OF HAIR White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Greenville SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE John V. Matthews(15) PRESENT POSTOFFICE OF MOTHER Pickens SC #3(16) COLOR OF HAIR White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Stoneville N.C.(19) OCCUPATION Housewife(20) 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 born at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness [Signature]  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 1, 1922 (28) [Signature] 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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