

(1) PLACE OF BIRTH

County of Marion
Township of Lexington
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
31241

Registration District No. 4412 Registered No. 442
(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 John Henry
If child is not yet named, make supplemental report as directed.

1. SEX OR CHILD: Male 2. Twin or Triplet: No 3. Number in order of birth: 1 4. Are Parents Married? Yes 5. DATE OF BIRTH: Nov 18 1922
(Give Month) (Day) (Year)

FATHER
1. Full Name: John Henry
2. Present Postoffice of Father: Lexington
3. Age at Last Birthday: 35
4. Race: White
5. Birthplace: South Carolina
6. Occupation: Farmer
7. Number of children of this mother now living, including present birth: 1

MOTHER
1. Name before Marriage: Anna J. ...
2. Present Postoffice of Mother: Lexington
3. Age at Last Birthday: 30
4. Race: White
5. Birthplace: South Carolina
6. Occupation: Housewife
7. Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was, John Henry, on the date above stated.
(23) (Signature) John Henry
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington, S.C.

When name added, make a supplemental report.
(26) Witness: John Henry
(27) Date: Nov 18 1922 (28) Local Registrar: John Henry

If there was no attending physician or midwife, then the father, householder, etc., should make this return, and if a stillbirth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.