

(1) PLACE OF BIRTH

County of LEXINGTON
 Township of WILL SWAMP
 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
19359

Registration District No. 3102 Registered No. 54
 (For use of Local Registrar)

(2) Full Name of Child Saiah James (If child is not yet named, make supplemental report as directed)

(3) SEX Male (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Age Parents Married? 19 (7) DATE OF BIRTH June 7, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Saiah James
 (9) PRESENT POSTOFFICE OF FATHER Marion
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE Lexington
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Maggie Lorick
 (15) PRESENT POSTOFFICE OF MOTHER Marion
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Lexington
 (19) OCCUPATION Helper
 (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 born at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. L. H. McLean (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dr. McLean

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jan 19 22
 (27) Local Registrar

When there was no attending physician or midwife, when the father, householders, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.