

(1) PLACE OF BIRTH

County of *SP. Landry*

Township of

or
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
50485Registration District No. *4.03* Registered No. *4*

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan. 31, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Irish Lant*(9) PRESENT POSTOFFICE OF FATHER *Cross Anchor S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25* (Years)(12) BIRTHPLACE *Cross Anchor S.C.*(13) OCCUPATION *for nurse*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Stella Marie Vaughan*(15) PRESENT POSTOFFICE OF MOTHER *Cross Anchor S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Santee, S.C.*(19) OCCUPATION *Housewife*(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 *Clara* at *9:03 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. D. P. D. D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed *Feb 10* 191*6* (28) *C. D. H. H. H.* 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.

Registrar

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WRIT

N. B.

McCaw, of Columbia.