

## (1) PLACE OF BIRTH

County of LancasterTownship of 1or  
In Town of 1or  
City of 1

(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

3070

Registration District No. 22A Registered No. 83

(For use of Local Registrar)

(No. 23 of 1 Ward)(2) Full Name of Child Lena Luciana Phares If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 4 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. R. Phares(9) PRESENT POSTOFFICE OF FATHER Lancaster, SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Landowner(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Sophia Kide(15) PRESENT POSTOFFICE OF MOTHER Lancaster, SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7 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 Physician (25) Address of Physician or Midwife Lancaster, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 1, 1923 (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 24th month of pregnancy.

Before the 24th month of pregnancy