

(1) PLACE OF BIRTH

County of **Greenville**

Township of

Inc. Town of.....

City of **Greenville**

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Inf. J. H. Lanford

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

(3) BOY OR GIRL girl	(4) Twin or triplet No	(5) Age at birth 20	(6) Sex Yes	(7) DATE OF BIRTH August 19, 1922
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FATHER. (8) FULL NAME J.C. Lanford (9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (12) BIRTHPLACE Woodruff S.C. (13) OCCUPATION Auto mechanic		MOTHER. (14) NAME BEFORE MARRIAGE Lula Bellingfield (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (18) BIRTHPLACE Greenville S.C. (19) OCCUPATION Housewife	
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(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 7
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at **4:45 A.** on the date above stated. (Born alive or stillborn) (How M. or P. M.)

(23) (Signature) [Signature]	(24) State whether Physician or Midwife physician	(25) Address of Physician or Midwife Greenville S.C.
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Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]	(27) Date Aug 28 1922	(28) Local Registrar [Signature]
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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.

fifth month of pregnancy

FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

Division of Statistics, Columbia, S. C.