

(1) PLACE OF BIRTH

County of Sumter

Township of Oak Lawn

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

18890

Registration District No. 2.2.12

Registered No. 3.5

(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

W. S.

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

(3) BOY OR GIRL? ✓ (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. Dillard

(9) PRESENT POSTOFFICE OF FATHER Swinsboro

(10) COLOR OR RACE Race (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farm Labourer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lucinda Mc King

(15) PRESENT POSTOFFICE OF MOTHER Belzer R 3

(16) COLOR OR RACE Race (17) AGE AT LAST BIRTHDAY 37  
(Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... Belzer R 3 at 9 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) W. S. Dillard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belzer R 3

Given name added from a supplemental report

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

(27) Filed June 19, 1922 (28) W. S. Dillard  
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.