

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Blount*Inc. Town of *Camp*City of *Clinton*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16476

Registration District No. *1101*Registered No. *17*

(For use of Local Registrar)

(No. *R.F.D. # 2*)

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 *Lanny Stokes*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *No*

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Dec 28 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *William Wade Stokes*(9) PRESENT POSTOFFICE OF FATHER *Clinton S.C. R.F.D. # 2*(10) COLOR OR FACE *negro*(11) AGE AT LAST BIRTHDAY *40*  
(Years)(12) BIRTHPLACE *Clinton Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *8*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Miss Beek Clark*(15) PRESENT POSTOFFICE OF MOTHER *Clinton S.C. R.F.D. # 2*(16) COLOR OR FACE *negro*(17) AGE AT LAST BIRTHDAY *33*  
(Years)(18) BIRTHPLACE *Clinton Co.*(19) OCCUPATION *H. wife.*(21) Number of children of this mother now living, including present birth *7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *12:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Henry*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Clinton S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only if question 23 is signed in ink)

(27) Filed *31*

1922

(28)

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.

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BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. FORM NO. 1, 1922. OTHER NO. 2, etc., in question 5.