Form No. 2

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
4932

County of Lexington
Township of Hollidays Creek
or
Inc. Town of .....
or
City of .....
Registration District No. 3108 Registered No. 15
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child .....
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		2	Yes	January 15, 1922

FATHER

(8) FULL NAME: Earnest Lybrand
(9) PRESENT POSTOFFICE OF FATHER: Hilbert, S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: Four

MOTHER

(14) NAME BEFORE MARRIAGE: Ethel Price
(15) PRESENT POSTOFFICE OF MOTHER: Hilbert, S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 24 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: House wife
(21) Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) P. P. Smith M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Hilbert S.C.

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Mar. 8 1922 (28) T. H. Smith
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.

N. B.—In case of twins or triplets, write "Twin" or "Triplet" after the name of each. Twins or triplets should be numbered in order of birth.

Act of Columbia, South Carolina, No. 1, Public Statutes, No. 2, Sec. 1, Section 5.

WHERE BIRTH OCCURRED IN A PUBLIC INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NUMBER.

SOUTH CAROLINA