

PLACE OF BIRTH

County of LexingtonTownship of Cougar

or

City of McBrookland(If birth occurs in a hospital or other institution, give name of St. 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

43490

Registration District No. 319.5Registered No. 143

(For use of Local Registrar)

(1) Full Name of Child Anna Lee Norton

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

(2) BOY OR GIRL girl(4) Twin or Triplet? one(5) Number in order of birth Two(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis E. Norton(9) PRESENT POSTOFFICE OF FATHER McBrookland S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Textile(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie L. Shirey(15) PRESENT POSTOFFICE OF MOTHER McBrookland S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
W. A. O'Neal, M.D.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

C. W. Miller11/13/21 19 21 Registrar

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

(27) Filed 3/14 19 22 (28) J. C. Lybrand Local RegistrarWhen 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.