

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill S.C.
 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

4755

Registration District No. 2-16 Registered No. 21
 (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 Clara Washington — {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? <u>no</u>	7) DATE OF BIRTH <u>Feb 12</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Lumma</u>			14) NAME BEFORE MARRIAGE <u>Bess Washington</u>	
9) PRESENT POSTOFFICE OF FATHER			15) PRESENT POSTOFFICE OF MOTHER <u>Pleasant Hill S.C.</u>	
10) COLOR OR RACE	11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	16) COLOR OR RACE <u>Black</u>		
12) BIRTHPLACE		17) AGE AT LAST BIRTHDAY <u>23</u> (Year)		
13) OCCUPATION		18) BIRTHPLACE <u>Pleasant Hill S.C.</u>		
		19) OCCUPATION <u>Lawyer</u>		
20) Number of children born to mother, including present birth			21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 6 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lumma X Bess
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Pleasant Hill S.C. Lancaster Co.

Given name added from a supplemental report

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

(27) Filed Feb 15 1922 (28) E. J. Hammond
 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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