

1. PLACE OF BIRTH

County of Florence

Township of Waynes

Loc. Town of Waynes

City of Waynes

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18620

Registration District No. 2019

Registered No. 39

(For use of Local Registrar)

2. Was born in a hospital or other institution, give name of same instead of street and number. (No. .... St.; .... Ward)

3. Full Name of Child Clarence Foster } If child is not yet named, make supplemental report as directed

4. Sex Male 5. Twin or Triplet? No 6. Number in order of birth 1st 7. Are Parents Married? Yes 8. DATE OF BIRTH May 22 1922  
(Name of Month (Day) (Year))

FATHER  
Herbert J. Lee  
Lake City  
white (11) AGE AT LAST BIRTHDAY 27 (Years)  
Florence Co  
Famer  
Number of children born to present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Minnie LaRathe Morris  
(15) PRESENT POSTOFFICE OF MOTHER Lake City  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Clarendon Co  
(19) OCCUPATION House  
(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

12. I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) T. Foster

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phy Lake City S.C.

Given name added from a supplemental report  
..... 191....  
.....  
Registrar

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

(27) Filed 6/13/22 (28) R. W. Carter 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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