

(1) PLACE OF BIRTH

County of Lowndes
 Township of Cartersville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4117

Registration District No. 2002 Registered No. 5
 (For use of Local Registrar)

City of (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 L. A. L. L. L. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edith L. L.

(9) PRESENT POSTOFFICE OF FATHER Timmonville SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Amie Williams

(15) PRESENT POSTOFFICE OF MOTHER Timmonville SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House & field work

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. H. H. H.

(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Timmonville SC

Given name added from a supplemental report.

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

(26) Filed 2/17 1922 (27) Local Registrar H. H. H. H.

*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.