

(1) PLACE OF BIRTH

County of Horry
 Township of Conway
 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
11544

Registration District No. 2502Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child Home Hazel Lincloth (No. SL; SL; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (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 1 6) Are Parents Married? yes 7) DATE OF BIRTH Feb 9 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Charles Lincloth
 9) PRESENT POSTOFFICE OF FATHER Conway SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Horry Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Watts
 (15) PRESENT POSTOFFICE OF MOTHER Conway SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)
 (18) BIRTHPLACE Horry Co
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. L. Scarborough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Conway, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Apr 18 1922 (28) J. P. Dugan 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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