

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">35103</div>
County of <u>Lancaster</u>		Registration District No. <u>28th</u>		Registered No. <u>62</u> (For use of Local Registrar)
Township of .....		(No. .... St.; .... Ward)		
City of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
<b>(2) Full Name of Child</b> <u>Engene Lasky</u>				
If child is not yet named, make supplemental report as directed				
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 19, 1922</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>J. W. Lasky</u>			(14) NAME BEFORE MARRIAGE <u>Sadie Blackman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Lancaster Co., S.C.</u>			(18) BIRTHPLACE <u>Lancaster Co., S.C.</u>	
(13) OCCUPATION <u>Textile worker</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of his mother now living, including present birth <u>1</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:15</u> P. M., on the date above stated. <small>(Born alive or stillborn; Hour A. M. or P. M.)</small>				
(23) (Signature) <u>[Signature]</u>				
(24) State whether Physician or Midwife <u>Physician</u>				
(25) Address of Physician or Midwife <u>Lancaster, S.C.</u>				
Given name added from a supplemental report ..... ..... 19 .. Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>11-1-</u> ..... 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.				