

(1) PLACE OF BIRTH

County of FlorenceTownship of LakeInc. Town of _____
OF _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

4142 ~~6~~Registration District No. 2009 Registered No. _____
(For use of Local Registrar)

St.: _____ Ward: _____

(2) Full Name of Child, _____

If child is not yet named, make supplemental report as directed

SEX OF CHILD GIRL <input checked="" type="checkbox"/> BOY <input type="checkbox"/>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 13 22</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME James Mouble
(2) PRESENT POSTOFFICE OF FATHER Lake City
(3) AGE AT LAST BIRTHDAY 40
(4) COLOR OR RACE Negro
(5) BIRTHPLACE Wesley
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present birth 6

MOTHER.

(8) NAME BEFORE MARRIAGE Olivia Brayboy
(9) PRESENT POSTOFFICE OF MOTHER Lake City
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE Lake City
(13) OCCUPATION Housework
(14) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:10 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Robert M. D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake City

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 22 1922 (28) Robert M. D. 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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NOTE—In case of twins or triplets use a separate duplicate for each child, and mark the first-born in case of twins or triplets. No. 1, this other, No. 2, etc. in question 2.