

(1) PLACE OF BIRTH

County of ColumbiaTownship of PalmettoOR
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

18273

Registration District No. 1402 Registered No.
(For use of Local Registrar)(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 William Lake If child is not yet named, make supplemental report as directed3 BOY OR GIRL Boy 4 Twin or Triplet? 2 5 Number in order of birth 6 Are Parents Married? yes 7 DATE OF BIRTH June 29, 1922
(Name) (Month) (Day) (Year)

FATHER.

8 FULL NAME Wm. Lake9 PRESENT POSTOFFICE OF FATHER White Ball St.10 COLOR OR RACE Black 11 AGE AT LAST BIRTHDAY 27
(Years)12 BIRTHPLACE Col. S. C.13 OCCUPATION W. K. Laborer20 Number of children born to mother, including present birth 7

MOTHER.

14 NAME BEFORE MARRIAGE Carah Brown15 PRESENT POSTOFFICE OF MOTHER White Ball St.16 COLOR OR RACE Black 17 AGE AT LAST BIRTHDAY 29
(Years)18 BIRTHPLACE Col. S. C.19 OCCUPATION Housewife21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linda Trubee

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

White Ball St.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30, 1922 (28) B. G. Benjamin
Registrar 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.