

(1) PLACE OF BIRTH

County of Washington **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Livestock State Board of Health

File No.—For State Registrar Only

42000

Inc. Town of Registration District No. 1502 Registered No. 10
 or (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 Jessie E. Langley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 21 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME Robt. R. Langley

(14) NAME BEFORE MARRIAGE Alma Winter

(9) PRESENT POSTOFFICE OF FATHER Somerset Hill R

(15) PRESENT POSTOFFICE OF MOTHER Somerset Hill R

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 2

(21) 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 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. - Hill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wm. D. ...

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) E. O. Early 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.