

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeTownship of Elmwoodor  
Inc. Town of.....or  
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Layan

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 14, 1922</u> (Name, month, day, year)
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## FATHER.

(8) FULL NAME Henry Layan(9) PRESENT POSTOFFICE OF FATHER Walhalla R.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Orange(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(15) NAME BEFORE MARRIAGE Lizzie Foster(16) PRESENT POSTOFFICE OF MOTHER Walhalla(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 28 (Years)(19) BIRTHPLACE Orange(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Adalberto Stathos(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

(26) Witness Henry Layan  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 22, 1922 (28) R. C. L. L. 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31549

Registration District No. 3306 Registered No. 54  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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HAROLD KESSELY, FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.

MEDICAL OFFICE, COLUMBIA, S. C.