

(1) PLACE OF BIRTH,

County of Lexington

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27064

Only

Registration District No. 3109 Registered No. 82

(For use of Local Registrar)

City of

Full Name of Child

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

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BOY OR GIRL? <u>girl</u>	(4) Twin or triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 18, 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

FULL NAME John Serrin

PRESENT POSTOFFICE OF FATHER Lexington St.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Lex. Co.

OCCUPATION Farming

Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Corley

(15) PRESENT POSTOFFICE OF MOTHER Lexington St.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Lex. Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)M.,
M.)

wife

sc.

name added from a supplemental report

191....

Registrar

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

(27) Filed Sept. 9, 1922 (28) Mrs. C. E. Taylor Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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