

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

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>4515</b>	
County of <i>Lexington</i>		Registration District No. <i>2314</i>		Registered No. <i>1</i> (For use of Local Registrar)	
Township of <i>Walnut Grove</i>		(No. .... St.; .... Ward)			
or Inc. Town of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
or City of .....		(2) Full Name of Child <i>Wm. Casper Latimer</i>		{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <i>5</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb. 7, 1922</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Lucius Latimer</i>			(14) NAME BEFORE MARRIAGE <i>Noby Pearson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Hamstead, SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Hamstead, SC</i>		
(10) COLOR OR RACE <i>Col.</i>			(16) COLOR OR RACE <i>Col.</i>		
(11) AGE AT LAST BIRTHDAY <i>29</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)		
(12) BIRTHPLACE <i>SC</i>			(18) BIRTHPLACE <i>SC</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>works on farm</i>		
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>5</i>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <i>born</i> at <i>Hamstead, SC</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <i>W. J. Jones, M.D.</i> (24) State whether Physician or Midwife <i>Physician</i> (25) Address of Physician or Midwife <i>Hamstead, SC</i>					
Given name added from a supplemental report ..... ..... ..... 19 .. Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <i>Mar. 10 1922</i> (28) <i>L. W. Smith</i> 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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