

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg
 Inc. Down of
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3124

Registration District No. 492 Registered No. 78
 (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 Lencia Banks If child is not yet named, make supplemental report as directed

(3) SEX IR (4) Twin (5) Number in (6) Are (7) DATE OF
 URL boy of Triplet? order of birth NO BIRTH Feb. 15 1922
 To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Lencia Banks
 (9) RESIDENCE Bamberg S.C. R. 2
 OFFICE OF FATHER
 (10) COLOR Negro (11) AGE AT LAST 22
 OR BIRTHDAY
 (12) BIRTHPLACE Bamberg County
 (13) OCCUPATION Farmer
 (14) Number of children of this mother 5
 now living, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Jones
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg S.C. R. 4
 (16) COLOR Negro (17) AGE AT LAST 23
 OR BIRTHDAY
 (18) BIRTHPLACE Bamberg County
 (19) OCCUPATION Farmer
 (20) Number of children of this mother 5
 now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Lencia Banks, on Feb. 15, 1922, at the date above stated.

(22) (Signature) John P. P.
 (23) State (whether Physician or Midwife) Midwife (24) Address of Physician or Midwife Bamberg S.C. R. 4

Given name added from supplemental report

(25) Witness John P. P.
 (Signature of Witness necessary when question 23 is signed by Mark)

(26) Filed Feb. 15 1922 (27) Local Registrar John P. P.

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.