

(1) PLACE OF BIRTH

County of Waynes

Township of H. T.

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

19210

Registration District No. 341 a Registered No. 91

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? No 7) DATE OF BIRTH Feb 16 1922 (Name of Month, Day, Year)

FATHER

MOTHER

8) FULL NAME 14) NAME BEFORE MARRIAGE Lucie E. Kilmer

9) PRESENT POSTOFFICE OF FATHER 15) PRESENT POSTOFFICE OF MOTHER Littletown S.C.

10) COLOR OR RACE 16) AGE AT LAST BIRTHDAY (Years) 17) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY (Years) 14

12) BIRTHPLACE 18) BIRTHPLACE Waynes S.C.

13) OCCUPATION 19) OCCUPATION

20) Number of children born to mother, including present birth 21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. J. Prosser (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Prosser S.C.

Given name added from a supplemental report: (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

19) Registrar (27) Filed May 9 1922 (28) W. T. Gilman 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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RECEIVED AT THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, S. C., ON FEBRUARY 16, 1922, AT 10:30 A. M.