

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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 *Lanny May Millwood*File No. — For State Registrar Only  
10484

(3) BOY OR GIRL

*Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of twins or triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

*Apr. 22 22*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

*Lanny Millwood*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

*White*(11) AGE AT LAST BIRTHDAY *30*  
(Years)

(12) BIRTHPLACE

*Chester Co.*

(13) OCCUPATION

*Mill Work*

(20) Number of children born to mother, including present birth

*1*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Grace Tomblin*

(15) PRESENT POSTOFFICE OF MOTHER

*Chester S.C.*

(16) COLOR OR RACE

*White*(17) AGE AT LAST BIRTHDAY *18*  
(Years)

(18) BIRTHPLACE

*Chester*

(19) OCCUPATION

*Mill Work*

(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* at *Home* *H. P.* on the date above stated. *Both alive or stillborn* (How A. M. or P.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife**Quincy*

(Given name added from a supplemental report)

(26) Witness

*Martha L. Ladd*

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

(27) Filed

*5-10-22*

(28)

*J. H. P. Lure*

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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