

(1) PLACE OF BIRTH

County of Lantern  
 Township of Lantern  
 or  
 Inc. Town of Lantern  
 or  
 City of Lantern  
 (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  
**15567**

Registration District No. 29-a Registered No. 65  
 (For use of Local Registrar)  
 St.          Ward         

(2) Full Name of Child Alton Wayne Helms { 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?          (7) DATE OF BIRTH May 23 - 1922  
 (Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Walter Helms

(14) NAME BEFORE MARRIAGE Lillian Domaskow

(9) PRESENT POSTOFFICE OF FATHER Lantern City

(15) PRESENT POSTOFFICE OF MOTHER Lantern nine

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)

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

(12) BIRTHPLACE Lantern Co

(18) BIRTHPLACE Anderson Co S.C.

(13) OCCUPATION Boorber

(19) OCCUPATION Domaskow

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alton at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Helms (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lantern

Given name added from a supplemental report

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

(27) Filed 6/1 1922 (28) W. H. Helms 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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