

(1) PLACE OF BIRTH

County of Lawrence
 Township of Lake City
 or
 Inc. Town of
 or
 City of Lake City, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22119

Registration District No. 20-13Registered No. 20
(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

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? no

(7) DATE OF BIRTH June 26, 1922
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe McKingie(9) PRESENT POSTOFFICE OF FATHER Olanta S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Olanta S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lalhe Brown(15) PRESENT POSTOFFICE OF MOTHER Lake City S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Lake S. C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M.;
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Lynch, M. D., Lake City, S. C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lake City S. C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7/11 1922 (28) R. L. Carter 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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