

(1) PLACE OF BIRTH

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County of AsheTownship of Windsor

or

Inc. Town of

or

City of

(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 Anders Lacy

File No.—For State Registrar Only

36989

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 216Registered No. 84
(For use of Local Registrar)(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH 11-6-22
(Name of Month) (Day) (Year)

(8) FULL NAME

Arthur Lacy

(9) PRESENT POSTOFFICE OF FATHER

Windsor S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE

Low Town S.C.

(13) OCCUPATION

Farming

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Mattie Bell Tennant

(15) PRESENT POSTOFFICE OF MOTHER

Windsor

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

White Pond

(19) OCCUPATION

Farming

(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 Nov. 6, 1922 at Windsor S.C.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Midwife - Miss Tennant

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Windsor

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

Nov 10, 1922 (27) O. L. Weeks
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.