

(1) PLACE OF BIRTH

County of Lancaster
Township of J. Lat. Creek

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19174

Inc. Town of Registration District No. 2803 Registered No. 54
(For use of Local Registrar)
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. John Frank ... 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? Yes (7) DATE OF BIRTH May 11 1917
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME John Frank ...

(14) NAME BEFORE MARRIAGE Mary Dabney

(9) PRESENT POSTOFFICE OF FATHER Perthwood

(15) PRESENT POSTOFFICE OF MOTHER Perthwood

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Fanner

(19) OCCUPATION Domestic

21) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 1:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. ...

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

Given name added from a supplemental report

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

(27) Filed May 11 1917 (28) J. C. Nelson 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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