

Form No. 1

## (1) PLACE OF BIRTH

County of DorchesterTownship of Cross

or

Inc. Town of Crosscut

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34187

Registration District No. 1701 Registered No. 10  
(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 Howard Wilson Lane

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Thomas Lane(9) PRESENT POSTOFFICE OF FATHER Crosscut(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21  
(Year)(12) BIRTHPLACE Charlottesville, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Wilhelmina Lane(15) PRESENT POSTOFFICE OF MOTHER Crosscut S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Charlottesville, S.C.(19) OCCUPATION Housewife(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, born alive at 9:00 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Crosscut 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 Oct 22 1922 (28) Lyella Mims Haden  
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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.