

(1) PLACE OF BIRTH

County of Richland
 Township of
 or
 Inc. Town of
 or
 City of Columbia
 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

5360

Registration District No. 3-82 Registered No. 1021
 (For use of Local Registrar)
 (No. 1212 Whaley St. 5 Ward)

(2) Full Name of Child

Lanette

(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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jun 12 1921
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hopson P. Lanette
 (9) PRESENT POSTOFFICE OF FATHER 1212 Whaley
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Mill Worker

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Graham
 (15) PRESENT POSTOFFICE OF MOTHER 1212 Whaley St
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. J. Phillips

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia, S.C.

Give name added from a supplemental report

(26) Witness (Signature of witness necessary only when question arises)

(27) Filed 1-19 19 22 (28) 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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

STATIONER REQUEST FOR FORTH HINDING
 VITAL RECORDS, INSTRUCTIONS TO A SPECIAL AGENT IN CHARGE
 No 1 This within No 2 etc in question 6