

(1) PLACE OF BIRTH

County of Lexington, S.C.Township of Baird Springsor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3101

File No. - For State Registrar Only

35358

Registered No. 68
(For use of Local Registrar)

(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 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Miller(9) PRESENT POSTOFFICE OF FATHER Lexington, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE May Hammon(15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. A. Smith M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lexington S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)..... 18
Registrar(27) Filed 18 (28) R. D. Beach
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.