

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Thomas
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6655

Registration District No. 707Registered No. 14
(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 Lou Vance (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 30 1922
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Fredrick Vance (9) PRESENT POSTOFFICE OF FATHER Wando (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years) (12) BIRTHPLACE Berkeley (13) OCCUPATION Laborer

MOTHER: (14) NAME BEFORE MARRIAGE Lou Hisebitt (15) PRESENT POSTOFFICE OF MOTHER Wando (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years) (18) BIRTHPLACE Berkeley (19) OCCUPATION House Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Bowen(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wando

Given name added from a supplemental report:

(26) Witness

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

(27) Filed Apr 2 1922

(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.