

(1) PLACE OF BIRTH

County of McCombs
 Township of Bonham
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35446

Registration District No. 4500Registered No. 922
(For use of Local Registrar)(2) Full Name of Child Lanie

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

(3) BOY OR GIRL? (4) Yes (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 10, 1922
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER

(8) FULL NAME Frank L. Pison(9) PRESENT POSTOFFICE OF FATHER McCombs(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Mary Hill

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Workman

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

Given name added from a supplemental report

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

(27) July 10, 1922 (28) B. A. Mathison 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.