

WITH PLAINLY, WITH IMPADING 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.

(1) PLACE OF BIRTH
County of Charleston
Township of _____
OR
Inc. Town of _____
OR
City of Charleston S.C.
(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
29300

Registration District No. 9 A Registered No. 1460
(For use of Local Registrar)

(2) Full Name of Child Little Lorraine Lodge (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? No (7) DATE OF BIRTH Sept 11, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James B. Lodge
(9) PRESENT POSTOFFICE OF FATHER Windsor S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Sumter Co.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Thena Lodge
(15) PRESENT POSTOFFICE OF MOTHER Windsor S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Sumter Co.
(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 3:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) John D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Two Witnesses

(Signature of Witness necessary only when question 22 is signed by mark)

Witness 10/3/22 J. McCallister

When there was no attending physician or midwife, then the father, mother, etc., should make this return. If a child breathes even once, it must be reported as such. If report is desired of stillbirths, 5th month of pregnancy.