

(1) PLACE OF BIRTH

County of MecklenburgTownship of Hwy 101

Inc. Town of

City of

(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

4681

Registration District No. 3403 Registered No. 2
(For use of Local Registrar)

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(2) Full Name of Child Lee Thelma Langston

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 Feb 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. M. Langston(9) PRESENT POSTOFFICE OF FATHER Mecklenburg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Mecklenburg, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lee Thelma(15) PRESENT POSTOFFICE OF MOTHER Mecklenburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Mecklenburg, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

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

(27) Filed Feb 7 1923 (28) Lee Thelma 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.

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FIRST-BORN, No. 1. THEN OTHER, No. 2. etc. In question 1.

State of Columbia