

Form No. 3

(1) PLACE OF BIRTH

County of HellamTownship of
or
Inc. Town of Latta

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

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>9/8/22</u> (Name (Month) (Day) (Year))
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FATHER.

(8) FULL NAME Mr David Lane(9) PRESENT POSTOFFICE OF FATHER Latta(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Hellam Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Estelle Johnson(15) PRESENT POSTOFFICE OF MOTHER Latta(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Hellam Co(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was girl 1047 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Spauld(24) State whether Physician or Midwife (25) Address of Physician or Midwife Latta

Given name added from a supplemental report

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

(27) Filed 1923/22 (28) W. S. Rogers 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.

MARCH RESERVED FOR REVENUE

THIS PLACED, WITH VARIOUS OTHERS IN A PERMANENT RECORD, IN CASE OF TWINS OR TRIPLETS ON A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34094

Registration District No. 1664 Registered No. 14
(For use of Local Registrar)

(No. St. Ward)

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