

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Lexington

Township of .....

or

Inc. Town of .....

or

City of Lexville S.C.

(If birth occurs in a hospital or other institution, give name of same instead of number.)

## (2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 21 19 22

(Name of Month) (Day) (Year)

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

## FATHER.

(8) FULL NAME

Pearl Lister Osmalt

(9) PRESENT POSTOFFICE OF FATHER

Lexville S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 25 (Year)

(12) BIRTHPLACE

Lexington County

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2 live

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Lou Whittle

(15) PRESENT POSTOFFICE OF MOTHER

Lexville S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE

Saluda

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

2 live

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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) Filed 19 (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.

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File No.—For State Registrar Only

23011

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

(No. .... St.; .... Ward)