

WHITE PLAINLY, WITH A LEADING 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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.

N. B.

**(1) PLACE OF BIRTH**  
 County of Chatham  
 Township of Latham  
 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  
**3667**

Registration District No. 1201 Registered No. 18  
 (House of Local Registrar)

**(2) Full Name of Child** Caroline Lilman (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>Feb 10 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Bryon Lilman</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Bennett</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Chowan SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chowan SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>NC</u>	(18) BIRTHPLACE <u>NC</u>	(19) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Farm Laborer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 2:31...  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John H. Hume  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chowan SC

Given name added from a supplemental report  
 .....  
 ..... 19 ..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 10 1922 (28) P. B. 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.

Registrar Local Registrar  
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