

(1) PLACE OF BIRTH

County of blandonTownship of Canardor
Inc. Town ofor
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

James DeRaneyFile No. — For State Registrar Only
41749Registration District No. 1302Registered No. 120
(For use of Local Registrar)(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth 1(6) Are
Parents
Married? No

(7) DATE OF

BIRTH Dec 26 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Michael F. Laney(9) PRESENT
POSTOFFICE
OF FATHER Summerton SC(10) COLOR
OR
RACE Cal (11) AGE AT LAST
BIRTHDAY 22
(Years)(12) BIRTHPLACE blandon(13) OCCUPATION
Iron Worker(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Beatha M. Jordan(15) PRESENT
POSTOFFICE
OF MOTHER Summerton SC(16) COLOR
OR
RACE Cal (17) AGE AT LAST
BIRTHDAY 18
(Years)(18) BIRTHPLACE blandon(19) OCCUPATION
Robert(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... Alban... at 6 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza D. Butler(24) State whether Physician or Midwife Midwife (25) Address of Physician or MidwifeGiven name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by marks)(27) Filed Jan. 4 1922 (28) J. C. Richbom
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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return
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