

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.

or
 Inc. Town of

or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
17951

Registration District No. 9.0.9 Registered No. 111
 (For use of Local Registrar)

(No. Edwan Lane Southern Arson Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.) House

(2) Full Name of Child Lanie Picklen If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH June 9 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Eligh Picklen
 9. PRESENT POSTOFFICE OF FATHER Myers P. P.
 10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 34
 12. BIRTHPLACE St Paul Burklely County
 13. OCCUPATION rail road
 20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Betsy Polite
 15. PRESENT POSTOFFICE OF MOTHER Myers P. P.
 16. COLOR OR RACE Col 17. AGE AT LAST BIRTHDAY 24
 18. BIRTHPLACE St Paul Burklely County
 19. OCCUPATION house work
 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 alive June 9 at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) mid wife Rebecca Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Myers P. P.

Given name added from a supplemental report

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

(27) Filed June 18 1922 (28) C. F. Myers 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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