

(1) PLACE OF BIRTH

County of

Allendale

Township of

Fairfax

Inc. Town of

Fairfax

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

28618

Registration District No. 46.01

Registered No. 2.2

(For use of Local Registrar)

2) Full Name of Child Ruby Frances Lancaster

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

1

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 8

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER. Royal Linal Lancaster

(9) PRESENT POSTOFFICE OF FATHER

Fairfax S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Hilder S.C.

(13) OCCUPATION

Clark

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

2

(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 alive at 5-P 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

Fairfax S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 15 1922

(28) F. H. Boyd M.D. 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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