

(1) PLACE OF BIRTH

County of Lexington
 Township of Bull Run
 or
 Inc. Town of
 or
 City of

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

(2) Full Name of Child Ernest A. Over

File No.—For State Registrar Only

39239

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

Registration District No. 3102Registered No. 118
(For use of Local Registrar)

St. Ward

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

(3) BOY OR GIRL boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 14 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. S. H. Over(9) PRESENT POSTOFFICE OF FATHER Swansea, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Lexington Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE L. C. Blackwell(15) PRESENT POSTOFFICE OF MOTHER Swansea, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Lexington Co.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Nov. 14 at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mathe Mirens, Swansea, S.C.

(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)

19
Registrar

(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.