

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

File No.—For State Register Only

21854

Registration District No. 3301

Registered No. 100

(For use of Local Registrar)

(St.) (Ward)

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

(2) Full Name of Child

Nicholas Whitlock Lance

BOY OR GIRL

Boy

(a) Twin or Triplet?

No

(b) Number in order of birth

1

(c) Age

7/20/33

(d) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(1) FULL NAME

R. D. Lance

(2) PRESENT POSTOFFICE OF FATHER

Summerville, S.C.

(3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

25

(Years)

(5) BIRTHPLACE

Mo. Can.

(6) OCCUPATION

Farmer

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

5

MOTHER

(1) NAME BEFORE MARRIAGE

Antonia Whitlock

(2) PRESENT POSTOFFICE OF MOTHER

Summerville, S.C.

(3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

24

(Years)

(5) BIRTHPLACE

Mo. Can.

(6) OCCUPATION

Farmer

(7) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(13) (Signature)

Dr. J. H. P.

(14) State whether Physician or Midwife

Physician

(15) Witness

(Signature of Witness necessary only when question 20 is signed by mark)

(16) Date

Aug 7 1933

(17) Locality

Summerville, S.C.

(18) Given name added from a supplemental report

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