

(1) PLACE OF BIRTH

County of *Lancaster*Township of *Lancaster*or
Inc. Town ofor
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

30991

Registration District No. *2904* Registered No. *108*

(For use of Local Registrar)

(2) Full Name of Child *Infant Cremative Birth*

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 29 1922</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Carl Brannen</i>			(14) NAME BEFORE MARRIAGE <i>Lyla Brannen</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Walt Hill</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Walt Hill</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>White</i>		
(12) BIRTHPLACE <i>Lancaster S.C.</i>	(13) OCCUPATION <i>Miss wait.</i>	(17) AGE AT LAST BIRTHDAY <i>38</i> (Years)		
(18) BIRTHPLACE <i>Spartanburg, S.C.</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *born alive* at *11:20 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *James W. W. W.*
 (24) (Signature) Whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Lancaster S.C.*

Given name added from a supplemental report

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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 30 1922* (28) *L. E. Bishop*
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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