

## (1) PLACE OF BIRTH

County of numberTownship of Muskegon

or

Inc. Town of

or

City of Chappell S.C.

(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

39499

Registration District No. 3407Registered No. 5-9  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Lanie Bell Fortune

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

November 15, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jess Fortune(9) PRESENT POSTOFFICE OF FATHER Chappell S.C.(10) COLOR OR RACE color(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Chappell S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Engenia Triggley(15) PRESENT POSTOFFICE OF MOTHER Chappell S.C.(16) COLOR OR RACE color(17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Chappell S.C.(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Bulah Coleman(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Chappell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) FILED Nov 24 1922(28) J. L. Hollins

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.