

(1) PLACE OF BIRTH

County of LancasterTownship of Hunter

Inc. Town of

City of Lancaster

(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

41280

Registration District No. 29B Registered No. 109

(For use of Local Registrar)

(No. St. Ward)

2) Full Name of Child

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

(1) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 50 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1923

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O. P. Slater (14) NAME BEFORE MARRIAGE Rosa Kaulzow(9) PRESENT POSTOFFICE OF FATHER Lancaster (15) PRESENT POSTOFFICE OF MOTHER Lancaster(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40(12) BIRTHPLACE Canada (18) BIRTHPLACE Germany(13) OCCUPATION Electric typist (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4 (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 on the date above stated.

(23) (Signature) J. L. Bailey(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster S.C.

(Given name added from a supplemental report)

101

Registrar

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

(27) Filed Dec 10 1923 (28) J. L. Bailey 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.

*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.

FIRST-BORN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

of Columbia