

(1) PLACE OF BIRTH

County of **LEXINGTON**
Township of **JILL SWAMP**
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 3102 Registered No. 21
(For use of Local Registrar)
(No. St. Ward)

File No.—For State Registrar Only
4893

(2) Full Name of Child Viola & Walter If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? 229 4) Twin or Triplet? ✓ 5) Number in order of birth 2 6) Are Parents Married? ✓ 7) DATE OF BIRTH: 1905 (Month) 5 (Day) 19 (Year)

FATHER. *11/11/11*

9. PRESENT POSTOFFICE OF FATHER (7) - WRE 12200

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY

12 BIRTHPLACE *Pikens Co*

13) OCCUPATION

20. Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE MOTHER. *Victoria Christine*

(15) PRESENT POSTOFFICE OF MOTHER *1000 1st St NW*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE Franklin, Ohio

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Phyllis*

Given name added from a supplemental report

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

(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.