

(1) PLACE OF BIRTH

County of *Mason*
 Township of *Reaves*
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
43635

Registration District No. *3705* Registered No. *745*
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov. 5, 1922*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Benjamin Otho Lane*
 (9) PRESENT POSTOFFICE OF FATHER *Mullins, S. C.*
 (10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *25*
 (12) BIRTHPLACE *Marian Co*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ruth Bryant*
 (15) PRESENT POSTOFFICE OF MOTHER *Mullins, S. C.*
 (16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *23*
 (18) BIRTHPLACE *Marian Co*
 (19) OCCUPATION *House wife*
 (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 *7 P. M.*,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Frank B. Martin*
 (24) State whether Physician or Midwife *Phys.* (25) Address of Physician or Midwife *Mullins S. C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 27 is signed by marks)
 (27) Filed *Jan 9 1923* (28) *J. M. McKeffer* 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.

*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.