

## (1) PLACE OF BIRTH

County of LexingtonTownship of 11

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.)

## (2) Full Name of Child

File No.—For State Registrar Only

27075

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3109 Registered No. 67  
(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(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

June 27, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

George Bancroft

(9) PRESENT POSTOFFICE OF FATHER

Lexington, S.C. Rte 3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

Lex Co

(13) OCCUPATION

Mech Operative

(20) Number of children born to mother, including present birth

7

(14) NAME BEFORE MARRIAGE

Adeline Sperry

(15) PRESENT POSTOFFICE OF MOTHER

Lexington, S.C. Rte 3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36  
(Years)

(18) BIRTHPLACE

Lex Co

(19) OCCUPATION

Domestic

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 14, 1922

(28)

Mrs. C. E. Taylor  
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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