

PLACE OF BIRTH

County of Columbia
 Township of Blake
 or
 City of Blake
 or
 Town of Blake
 or
 Ward of Blake

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24092

Registration District No. 1402Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Harold Lerner If child is not yet named, make supplemental report as directed

(2) SEX OR Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 15 1923
 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|--|--|
| (8) FULL NAME <u>Charles Lerner</u> | (14) NAME BEFORE MARRIAGE <u>Janie Bryan</u> | (16) PRESENT POSTOFFICE OF FATHER <u>Stocks 46</u> | (16) PRESENT POSTOFFICE OF MOTHER <u>Green Pond 46</u> |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>26</u> (Year) | (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>16</u> (Year) |
| (12) BIRTHPLACE <u>Not known</u> | (12) BIRTHPLACE <u>Col 60 46</u> | (14) OCCUPATION <u>Truck driver</u> | (14) OCCUPATION <u>House Girl</u> |
| (16) Number of children born to mother, including present birth <u>2</u> | (16) Number of children of this mother now living, including present birth <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Abelie Graham (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond 46

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Aug 27 1923 (28) W. G. Huggins 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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