

(1) PLACE OF BIRTH

County of Branchburg
 Township of West Point
 or
 Loc. Town of
 or
 City of

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

Registration District No. 402

File No. — For State Registrar Only

10000

Registered No. 21
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in case of Twins or Triplets

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

(7) DATE OF BIRTH Oct 9, 22
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME James L. Lerner
 (8) PRESENT POSTOFFICE OF FATHER Branchville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Branchville Co
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Govan
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Branchville 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 ... alive ... at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Sarah Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Branchville

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/8

19 22 (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.