

WHILE PLAINLY, WITH UNFADING INC.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		5875	
Township of <u>Wickliffe</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No. <u>403</u>		Registered No. <u>18</u>	
OR				(For use of Local Registrar)	
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 <u>Constance Jean</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 20 22</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Byron J. Lora</u>			(14) NAME BEFORE MARRIAGE <u>Emma Franklin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wickliffe</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wickliffe</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Iron Lora</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Wickliffe</u>					
Given, name added from a supplemental report			(26) Witness <u>[Signature]</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
(27) Registrar <u>[Signature]</u>			(28) Local Registrar <u>[Signature]</u>		
*When there was no attending physician or midwife, then the father, householder, etc., should make a report. 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.					

Revised by Columbia, S. C.