

(1) PLACE OF BIRTH

County of Maunhallam
 Township of
 or
 Inc. Town of
 or
 City of Bennettsville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 33A

File No. - For State Registrar Only

43670Registered No. 128
(For use of Local Registrar)

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

(2) Full Name of Child Leahy Phyllis Lane If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 Feb 2
 To be answered only in event of Twin or Triplet. (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME H. P. Lane(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Maunhallam County(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Anna Regina Anderson(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Maunhallam County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Leahy Phyllis at 5:20 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [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 22 is signed by mark)

(27) Jan 5 23 (28) Ms. M. Pato 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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