

## (1) PLACE OF BIRTH

County of LexingtonTownship of Lexington

In Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19398

Registration District No. 13.0.9 Registered No. 35  
(For use of Local Registrar)City of ..... (No. .... St.; ..... Ward)  
If born in a hospital or other institution, give name of same instead of street and number.)2. Full Name of Child Raymon Coley Soren { If child is not yet named, make supplemental report as directed(4) Twin or triplet? Boy (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27th 1922  
To be answered only in event of Twins or triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

NAME Andis Laureus Soren(14) NAME BEFORE MARRIAGE Barbara Odessa CorleyPRESENT RESIDENCE OF FATHER New Brookland, S.C.(15) PRESENT POSTOFFICE OF MOTHER New Brookland, S.C.COLOR white (16) AGE AT LAST BIRTHDAY 36 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)BIRTHPLACE Lexington, S.C.(18) BIRTHPLACE New Brookland, S.C.OCCUPATION Farmer(19) OCCUPATION HomeNumber of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was alive at 2 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Mangas(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Lexington, S.C.

Given name added from a supplemental report

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

(27) Filed July 24, 1922 (28) C. R. 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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