PLACE OF BIRTH

nty of Florence

nship of Lake

or Town of ..... Registration District No. 2089 Registered No. 143 (For use of Local Reistrar)

or of ..... (No. ....., ... St.; ..... Ward)

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

Full Name of Child ..... If child is not yet named, make supplemental report as directed

RL? Girl	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth 8	(6) Are Parents Married? yes	(7) DATE OF BIRTH Dec 2 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
LL AME Capt. Tillman McCutcheon	(14) NAME BEFORE MARRIAGE Lela Matthews
ESENT STOFFICE FATHER Lake City SC	(15) PRESENT POSTOFFICE OF MOTHER Lake City
OLOR ACE White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
RTHPLACE Florence Co	(18) BIRTHPLACE Florence Co
CCUPATION Farmer	(19) OCCUPATION House
mber of children born to ther, including present birth 8	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Frasier MD

(24) State whether Physician or Midwife PM | (25) Address of Physician or Midwife Lake City S.C.

name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 17/28 1922 (28) R. Lee Carter Local Registrar.

there was no attending physician or midwife, then the father, householder, etc., should make this return. If d breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Only

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istrar)

...Ward)

ned, make directed

19.22 (Year)

22 yrs (Years)

A. M., M. or P. M.)

or Midwife

Registrar.

s return.

hs