

BY ADOPTION

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

18825

1. PLACE OF BIRTH

County of Greenville

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of Greenville

Registration District No. 22-a Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(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 J. Holland Lane

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other If Plural births _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Full term <u>X</u> Married? <u>Yes</u>	8. Date of birth <u>June 10</u> 19 <u>22</u> (Month, day, year)
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9. Full name  
FATHER  
James K. Lane

15. Name before marriage  
MOTHER  
Rosa Simeon

12. Residence (mailing address)  
(If non-resident, give place and State)

19. Residence (mailing address)  
(If non-resident, give place and State)

11. Color or race White 12. Age 30 (years)

20. Color or race White 21. Age 24 (years)

13. Birthplace (city or place)  
(State or country) Tennessee

22. Birthplace (city or place)  
(State or country) Tennessee

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Lineman

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

We hereby certify to the birth of this child who was born at \_\_\_\_\_ m. on the date above stated.

(Signed) J. K. Lane Father ✓  
and Rosa Simeon Mother ✓

Address \_\_\_\_\_

Filed Dec 14, '42 Martin B. Woodward, M. D.

Asst. State Registrar