

(1) PLACE OF BIRTH
 County of Charleston
 Township of _____
 or
 Inc. Town of _____
 or
 City of Charleston (No. 173 Coming) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 9A Registered No. 1422 (For use of Local Registrar)
 File No.—For State Registrar Only
29285

(2) Full Name of Child Lanza Wells (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH: Sept 26 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Wells.</u>	(14) NAME BEFORE MARRIAGE <u>Rosa Mazick.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
(10) COLOR OR RACE <u>C</u>	(16) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Charleston</u>	(18) BIRTHPLACE <u>John's Island</u>	(13) OCCUPATION <u>Fisherman</u>	(19) OCCUPATION <u>Washer</u>
(20) Number of children born to mother, including present birth: <u>2</u>	(21) Number of children of this mother now living, including present birth: <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alive at 11:00 P.M. on the date above stated. (Born alive, stillborn) (Hour A.M. or P.M.)
 (23) (Signature) H. S. Fisher, M.D.
 (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 23 is signed by mark)
 (27) Filed 1/29 1922 J. M. Green, Jr. 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 sixth month of pregnancy.