

(1) PLACE OF BIRTH

County of Colleton
 Township of Bristow
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3807

Registration District No. 14.0.3Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Lorenza Mills

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
To be answered only in event of Twins or Triplets(6) Are Parents Married? No(7) DATE OF BIRTH Jan 30 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY
(Years)(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Birthe June Mills(15) PRESENT POSTOFFICE OF MOTHER Islandton S.C.(16) COLOR OR RACE White(18) BIRTHPLACE S. C.(19) OCCUPATION House Keeper(17) AGE AT LAST BIRTHDAY 20
(Years)(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Ann Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Islandton 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 March 7 1922(28) Rosa G. W. Gaddy

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.