

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Cypress

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File for State Registrar Only

29086

Registration District No. 8001 Registered No. 20
(For use of Local Registrar)(No. 64 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Abraham Lane If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Charlie Lane</u>	(14) NAME BEFORE MARRIAGE <u>Armeta Davis</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Berhopville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Berhopville</u>
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Darlington</u>	(18) BIRTHPLACE <u>Darlington</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Mary V. Boston (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness D. D. Grant (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7/20 1923 (28) M. J. Boston 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.