

(1) PLACE OF BIRTH

County of Lancaster
 Township of Indian Land
 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

19210

Registration District No. 2805Registered No. 12
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child

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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 3, 1922
 (Month) (Day) (Year)

FATHER Mr. J. H. Houston
 FULL NAME

MOTHER Ada Bell Ashley
 NAME BEFORE MARRIAGE

(8) PRESENT POSTOFFICE OF FATHER Osceola S.C.

(14) PRESENT POSTOFFICE OF MOTHER Osceola S.C.

(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 22
 (Year)

(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 21
 (Year)

(11) BIRTHPLACE Union Co.

(17) BIRTHPLACE South Car.

(12) OCCUPATION Farmer

(18) OCCUPATION Domestic

(19) Number of children born to mother, including present birth 6

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) W. R. McCann
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife W. R. McCann, M.D.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
B. J. Richardson

(26) Filed July 5, 1922 (27) Local Registrar B. J. Richardson

*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.