

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of M. C. Cornick  
 Township of Edgemoor  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 7001

File No.—For State Registrar Only  
**19405 26**

Registered No. 20  
 (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 Mavis Belle Lanham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John S. Lanham  
 (9) PRESENT POSTOFFICE OF FATHER Sumter Branch  
 (10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE Edgemoor Co.  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Carrie L. Worthington  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter Branch  
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 28 (Year)  
 (18) BIRTHPLACE Edgemoor Co.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur H. Branch  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter Branch

Given name added from a supplemental report  
 (26) Witness John S. Lanham  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 24 22 (28) D. F. Little 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.