

(1) PLACE OF BIRTH

County of LancasterTownship of Little Creek

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. 2804No. 43198Registered No. 234
(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

William Lee Much

{If child is not yet named, make supplemental report as directed}

(3) BOY OR GIRL

4

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

12 10 27
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Connie Lyack

(9) PRESENT POSTOFFICE OF FATHER

Lancaster

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

2 3
(Years)

(12) BIRTHPLACE

Durham Co

(13) OCCUPATION

Mytili Hand

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

May M. Mearns

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....
on the date above stated.(Born alive or stillborn) (Hour A. M. or P. M.)
born at 5:45 P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lancaster

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

18

(28)

Local Registrar

*When there was no father, mother, or midwife, then the father, householder, etc., should make this return. If should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.