

(1) PLACE OF BIRTH

County of MarionTownship of Britton

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25461

Registration District No. 3200 Registered No. 32
(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 J. W. Lane Jr. If child is not yet named, make supplemental report as directed3 SEX OF CHILD (4) Twin or Triplet (5) Number in order of birth one (6) Are Parents Married yes (7) DATE OF BIRTH April 23 1922
(Month) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER

(8) FULL NAME J. W. Lane(9) PRESENT POSTOFFICE OF FATHER Gresham(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE Marion Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE One Rogers(15) PRESENT POSTOFFICE OF MOTHER Gresham(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Marion Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive yes (Hour mid or P. M.)(23) (Signature) Paula Taylor (24) Address of Physician or Midwife Gresham

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 10 1923 (28) W. J. Hozier 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.