

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Form 5-6

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lancaster</u>		STATE OF SOUTH CAROLINA		35150	
Township of <u>Hills Creek</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health		2804	
City of		Registration District No.		Registrars No. 186	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child					
(If child is not yet named, make supplemental report as directed)					
(3) <input checked="" type="checkbox"/> BOY OR GIRL <u>Girl</u>	(4) <input checked="" type="checkbox"/> Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 5 1922</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Lewis Simpson</u>			(14) NAME BEFORE MARRIAGE <u>Bill Blackman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC Rm 6</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC Rm 6</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>Hershaw Co NC</u>			(18) BIRTHPLACE <u>Lancaster Co SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer & Laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>[Address]</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>10-20-22</u> Local Registrar.		
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.

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