

(1) PLACE OF BIRTH

County of Lexington
 Township of Lexington
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 3.10.7

File No. - For State Registrar Only

8351

Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Oct 13 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. L. Price(9) PRESENT POSTOFFICE OF FATHER Lexville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Lexington Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Domie Taylor(16) PRESENT POSTOFFICE OF MOTHER Lexville S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 21
(Years)(19) BIRTHPLACE Lexington Co. S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Lexville S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Doc Crosson(24) State whether Physician or Midwife(25) Address of Physician or Midwife Lexville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

Local Registrar R. O. Shealy

*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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