

File No.—For State Registrar Only

County of Chicot.....

Township of Chertsey.....

or

Inc. Town of.....

City of

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

Registration District No. 100013

Registered No. 28
(For use of Local Registrar)

(No. St.; Ward
(Indicate name of same instead of street and number.)

(2) Full Name of Child Lawrence A. Painter ----- If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 28, 1922</i> (Name of Month) (Day) (Year)
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FATHER. MOTHER.

(3) FULL NAME Archie Painter (14) NAME BEFORE MARRIAGE Archie Hudson

(9) PRESENT POSTOFFICE OF FATHER King's Creek #1

(15) PRESENT POSTOFFICE OF MOTHER King's Creek St.

(10) COLOR OR *red* (11) AGE AT LAST BIRTHDAY *31* (Years) (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *18* (Years)

(12) BIRTHPLACE *La. # 1*

(13) OCCUPATION South Carolina

Farmer Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of 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 Alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Amanda H. Lee

Midwife Robert M. E.

Given name added from a supplemental report

(26) Witness \$ witness necessary only

(Signature or witness necessary when question 23 is signed by mark)

(27) Filed June 4, 1922 (28) J. H. Morrison
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.