

## (1) PLACE OF BIRTH

County of *Lantern*Township of *Lantern*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

File No.—For State Registrar Only

22885

Registration District No. *2907* Registered No. *85*

(For use of Local Registrar)

(2) Full Name of Child *Luranchia Self* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth *1*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *May 22 1911*

## FATHER.

(8) FULL NAME

*Nathan Self*

(9) PRESENT POSTOFFICE OF FATHER

*Lantern S.C.*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*21* (Years)

(12) BIRTHPLACE

*Lantern*

(13) OCCUPATION

*mill work*

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

{ *1* }

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Hilda Davis*

(15) PRESENT POSTOFFICE OF MOTHER

*Lantern S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*20* (Years)

(18) BIRTHPLACE

*Lantern*

(19) OCCUPATION

*domestic*

(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 *born* at *36* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. W. Walker*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed *July 10 1911*

(28)

Local Registrar

Given name added from a supplemental report

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. 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.