

County of Cherokee
Township of Wingo
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
39565

Registration District No. 3505.. Registered No. 159.....
(For use of Local Registrar)

City of (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 Baby Cain. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov 4 1922</i> (Name of Month) (Day) (Year)
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FATHER
(b) FULL NAME *E. W. Lavin*

3) PRESENT POSTOFFICE OF FATHER *Seneca L.C. RFD #4*

(13) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43*

12: BIRTHPLACE *LL*

(13) OCCUPATION 7 am

(20) Number of children born to: 1 Time

mother, including present birth.

(14) NAME BEFORE MARRIAGE **MOTHER.** *Annie Barrall*

(15) PRESENT POSTOFFICE OF MOTHER *Seneca Lb R Ide #*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38

(18) BIRTHPLACE: *S. C.*

(19) OCCUPATION *Domestic*

(2) Number of children of this mother: Three

now living, including present term

PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) D. G. Hall, M.D.
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplement

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

(27) *3/12/27* (23) *[Signature]*

*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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