

PLACE OF BIRTH

County of ColletonMunicipality of Warren

In Town of

City of William

(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. 1410No. 13601

13601

Registered No. 29
(For use of Local Registrar)

(1) Full Name of Child

Lois Lathers

(If child is not yet named, make supplemental report as directed)

SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of child

(7) DATE OF BIRTH

2-1-23
(Month of birth) (Day) (Year)

FATHER.

(8) FULL NAME

Antler Lathers

(9) PRESENT RESIDENCE OF FATHER

William

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Lowmill hand

(13) OCCUPATION

Saw Mill Hand

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

1

MOTHER.

(15) NAME BEFORE MARRIAGE

Lester Lathers

(16) PRESENT RESIDENCE OF MOTHER

William

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

22
(Years)

(19) BIRTHPLACE

Colleton S.C.

(20) OCCUPATION

Housewife

(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
on the date above stated.

(23) (Signature)

Margie Murdock Ruffin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 7 1923Rhett Kinsey
Local Registrar19
Registrar

When there was no attending physician or midwife, when the father, householder, etc., should make this return