

1) PLACE OF BIRTH

County of Richland
 Township of 14th
 or
 the 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
Division of Vital Statistics
State Board of Health

Registration District No. 1913

No. 28232

Registered No. 83
 (For use of Local Registrar)

2) Full Name of Child Sam B Lane If child is not yet named, make supplemental report as directed

3) SEX Boy 4) Age 2 5) Date of Birth Sept 24 1923
 (Month) (Day) (Year)

FATHER.
 1) FULL NAME L B Lane
 2) PRESENT POSTOFFICE OF FATHER Minorsboro, S.C.
 3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)
 4) BIRTHPLACE S. Carolina
 5) OCCUPATION Mill Operator
 6) Number of children born to mother, including present birth 7

MOTHER.
 1) FULL NAME Della Craven
 2) PRESENT POSTOFFICE OF MOTHER Minorsboro, S.C.
 3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
 4) BIRTHPLACE S. Carolina
 5) OCCUPATION Housewife
 6) Number of children of this mother now living, including present birth 2

3) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:15 P.M. on the date above stated. (Hour, M. or P. M.)

(22) (Signature) Saul S. Sneyd (23) Address of Physician or Midwife Minorsboro, S.C.
 (24) State whether Physician or Midwife

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Oct 10 1923 (27) 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.

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