

MAKES REMOVED FOR REASON
 THESE PLANTS, WITH WRITING HERE—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

17(1) PLACE OF BIRTH

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 County of Lancaster
 Township of gals meik
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
35135

Registration District No. 2804 Registered No. 171
 (For use of Local Registrar)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>(To be answered only in case of twins or triplets)</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Sept 12 22</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>L. H. Sears</u>			(14) NAME BEFORE MARRIAGE <u>Dessie Sparks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>no barshire</u>			(18) BIRTHPLACE <u>Lancaster</u>	
(13) OCCUPATION <u>Mill Operator</u>			(19) OCCUPATION <u>House Keeper</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at (Hour A.M. or P.M.)
 on the date above stated.
 (23) (Signature) Mary Adams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
112 W. 1st Lancaster

Given name added from a supplement-
 al report
 191....
 Registrar

(26) Witness (Signature of Witness necessary only
 when question 22 is signed by mother)
Sept 16 22 J. I. Newberry
 (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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