

(1) PLACE OF BIRTH

County of OconeeTownship of SumnerOR
Inc. Town ofOR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Lanier

File No.—For State Registrar Only

31532

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3104Registered No. 132
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth2(6) Are
Parents
Married?yes(7) DATE OF
BIRTHApr 12 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAMEClarence Lanier(9) PRESENT
POSTOFFICE
OF FATHERPendleton R.F.D(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY22
(Years)

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE
MARRIAGEEva Swagney(15) PRESENT
POSTOFFICE
OF MOTHERPendleton R.F.D(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY23
(Years)

(18) BIRTHPLACE

Oconee

(19) OCCUPATION

wife(20) Number of children born to
mother, including present birth12(21) Number of children of this mother
now living, including present birth12

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.born alive(23) (Signature) Wm. A. ... at 4:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sumner, S.C.Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

10/101922

(28)

Local RegistrarWhen 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.... even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.