

(1) PLACE OF BIRTH

County of Sumter
 City of Paris
 Inc. Town of _____
 or _____
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12172

Registration District No. _____ Registered No. 28
 (For use of Local Registrar)

St. _____ Ward _____
 (No. _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lodie L. Lashover If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother yes (7) DATE OF BIRTH July 13
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Edw. Lashover
 (15) PRESENT POSTOFFICE OF FATHER Sumter #1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Sumter
 (19) OCCUPATION Wife
 (20) Number of children born to mother, including present birth 1
 (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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____ (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 19 (28) _____ Local Registrar

When there was no attending physician or midwife, then the father, householder, or _____ 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.

(Sub)