

16 093514

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Dillon  
Township of Hartsville  
or  
Inc. Town of Dillon, SC., RFDi  
or  
City of \_\_\_\_\_  
(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 1601FILE No.—For State Registrar Only  
02700Registered No. \_\_\_\_\_  
(For use of Local Registrar)

## 2. FULL NAME OF CHILD

Mc Millan Lane { If child is not yet named, make supplemental report as directed3. Boy or Girl Boy If Plural Births \_\_\_\_\_ 4. Twins, triplets or other. 0 5. Number, in order of birth. \_\_\_\_\_ 6. Premature. \_\_\_\_\_ Full term. Yes 7. Are Parents Married. Yes 8. Date of birth December 14, 1947 (Month, day, year)9. Full name Steven  
Stephen D Lane Sr.  
FATHER10. Residence (mailing address) RFD 1  
(If non-resident, give place and State) Dillon, S.C.11. Color or race. W 12. Age at last birthday. 45 (years)13. Birthplace (city or place) Marion County, S.C.  
(State or country)14. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Name before marriage Bessie McMillan  
MOTHER19. Residence (mailing address) RFD 1 Dillon, SC  
(If non-resident, give place and State)20. Color or race. W 21. Age at last birthday. 31 (years)22. Birthplace (city or place) Marion County, S.C.  
(State or country)23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Wife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home25. Date (month and year) last engaged in this work \_\_\_\_\_ 1947 26. Total time (years) spent in this work 2527. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living. 2 (b) Born alive but now dead. 0 (c) Stillborn. 128. If stillborn, period of gestation. 9 months 22 days 29. Cause of stillbirth. \_\_\_\_\_ { Before labor. Yes During labor. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 Pm. on the date above stated.  
{ When there was no attending physician or midwife, then the father, householder etc., should make this return. }  
(Signed) Steven D. Lane, Parent  
or \_\_\_\_\_, GuardianGiven name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_Address Dillon, S.C.  
Filed Aug. 12, 1947 Thos. P. Loesene  
Registrar. aih

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

7-25-47  
N.C.

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