

7-25-47
H.C.

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36362-33029

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.)

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

1. PLACE OF BIRTH
County of Dillon
Township of Hamlet
or
Inc. Town of Dillon, SC., RFD 1
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Mc Millan Lane { If child is not yet named, make supplemental report as directed

3. Boy or Girl Boy If Plural births _____ 4. Twins, triplets or other. 0... 5. Number, in order of birth. 1... 6. Premature Yes... 7. Are Parents Married Yes... 8. Date of birth December 14, 1947 (Month, day, year)

9. Full name Steven FATHER Stephen D Lane Sr. 10. Residence (mailing address) RFD 1 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 or work done, as spinner, lawyer, bookkeeper, etc. Farmer 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Farm 16. Date (month and year) last engaged in this work December 1947 17. Total time (years) spent in this work 10

18. Name before marriage Bessie McMillan 19. 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 Wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home 25. Date (month and year) last engaged in this work 1947 26. Total time (years) spent in this work 25

27. 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 1... 28. If stillborn, period of gestation 9 months 22 days 29. Cause of stillbirth Placental insufficiency { Before labor Yes During labor Yes

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.

Given name added from Steven D. Lane (Date of) _____

(Signed) _____, Parent or _____, Guardian

Address Dillon, S.C.

Filed Aug. 12, 1947 Thos. P. L. Osnes Registrar.

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