

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 5.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Union S.C.</u></p> <p>Township of <u>Conestoga</u></p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p style="font-size: 1.5em; border: 1px solid black; padding: 5px; display: inline-block;">5993</p>	
		<p>Registration District No. <u>42A.7.</u></p>		<p>Registered No. <u>7</u></p> <p>(For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>Ray M. Lancaster</u></p> <p style="text-align: right;">(If child is not yet named, make supplemental report as directed)</p>					
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
<u>Boy</u>			<u>Y</u>	<u>Jan. 23</u>	<u>1922</u>
<p>FATHER.</p>					
<p>(8) FULL NAME <u>Lee R. Lancaster</u></p>					
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Rocky S.C. R.F.D.</u></p>					
<p>(10) COLOR OR RACE <u>Wh.</u></p>		<p>(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)</p>			
<p>(12) BIRTHPLACE <u>Union Co S.C.</u></p>					
<p>(13) OCCUPATION <u>Farmer</u></p>					
<p>(20) Number of children born to mother, including present birth <u>5</u></p>					
<p>MOTHER.</p>					
<p>(14) NAME BEFORE MARRIAGE <u>Mary Gallman</u></p>					
<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Rocky S.C. R.F.D.</u></p>					
<p>(16) COLOR OR RACE <u>Wh.</u></p>		<p>(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)</p>			
<p>(18) BIRTHPLACE <u>Union Co S.C.</u></p>					
<p>(19) OCCUPATION <u>Domestic</u></p>					
<p>(21) Number of children of this mother now living, including present birth <u>5</u></p>					
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>White</u> at <u>11</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>F. L. Lancaster</u></p>					
<p>(24) State whether Physician or Midwife</p>					
<p>(25) Address of Physician or Midwife</p>					
<p>Given name added from a supplemental report</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p>		
			<p>(27) Filed <u>Feb. 6</u> 1922 (28) <u>Geo. L. Warr</u> Local Registrar.</p>		

*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.