

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of LaurensCity of Laurens

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

41260

Registration District No. 999 Registered No. 115

(For use of Local Registrar)

St. 3 Ward 3

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

(2) Full Name of Child James Warren Lane(1) BOY OR GIRL Boy (2) Type of Birth Normal (3) Number of Birth 1 (4) Age of Father 47 (5) DATE OF BIRTH Dec 11 23 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(6) FULL NAME W. David (14) NAME BEFORE MARRIAGE Mary J. Rathbone(7) PRESENT POSTOFFICE OF FATHER 927 Holmes St Laurens SC (15) PRESENT POSTOFFICE OF MOTHER 927 Holmes St Laurens SC(8) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 47 (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Tenn (19) BIRTHPLACE NC(20) OCCUPATION Domestic(21) Number of children born to mother, including present birth 10 (22) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (24) (Signature) J. J. Davidson (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Laurens SC

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

(28) Filed 12/18 (29) Local Registrar

Given name added from a supplemental report

100

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.

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