

MARGIN RESERVED FOR PRINTING. IN ANNOTATED RECORDS, WHITE PLAINS, N. H.—In case of twins or triplets use a separate blank for each of child, and mark the FIRST-BORN. No. 1 THIS OTHER, No. 2, etc. in question 8.

(1) PLACE OF BIRTH

County of Hareboro
Township of Barnettville
OR
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

19455

Registration District No. 7301 Registered No. 67
(For use of Local Registrar)

(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 Lark Tolston

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 Are Parents Married? yes

7 DATE OF

BIRTH June 14 1922
(Month) (Day) (Year)

FATHER.

8 FULL NAME no Henry Tolston

9 PRESENT POSTOFFICE OF FATHER Barnettville

10 COLOR OR RACE white

11 AGE AT LAST BIRTHDAY 26
Years

12 BIRTHPLACE Shoreline Co.

13 OCCUPATION retire Work

14 Number of children born to mother, including present birth 1

MOTHER.

14 NAME BEFORE MARRIAGE Lark Rufus Shingles

15 PRESENT POSTOFFICE OF MOTHER Barnettville

16 COLOR OR RACE white

17 AGE AT LAST BIRTHDAY 17
Years

18 BIRTHPLACE Charleston Co.

19 OCCUPATION Domestic

20 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 born alive at 11:30 P.M. on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Reuben Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) July 4 22

(28) Mark H. Lee

Local Registrar

Given name added from a supplemental report

18
Registrar

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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