

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lancaster
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3898

Registration District No. 1504Registered No. 6
(For use of Local Registrar)

(City of (No. St. Ward)

(2) Full Name of Child John William Nequies If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan 20 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>Robert Nequies</u>	14. NAME BEFORE MARRIAGE <u>Margaret C. Buckington</u>	9. PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>
10. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>33</u> (Years)	17. AGE AT LAST BIRTHDAY <u>33</u> (Years)
12. BIRTHPLACE <u>SC</u>	18. BIRTHPLACE <u>SC</u>	13. OCCUPATION <u>Bank Cashier</u>	19. OCCUPATION <u>Domestic</u>
20. Number of children born to mother, including present birth <u>3</u>	21. Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) Thereby certify that I attended the birth of this child, who was born at 1400 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. S. ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 19 22 Registrar (27) Filed 3/2 19 22 (28) P. J. ... Local 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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