

(1) PLACE OF BIRTH

County of Horry

Township of

or
Inc. TOWN of Conwayor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42934

Registration District No. 25A Registered No. 76
(For use of Local Registrar)

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

(2) Full Name of Child Lahue Werts Langston If child is not yet named, make supplemental report as directed(3) 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 Dec 25 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lahue Werts Langston(9) PRESENT POSTOFFICE OF FATHER Wallhalla S. C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Minister(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Marjory Quattlebaum(15) PRESENT POSTOFFICE OF MOTHER Wallhalla S. C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Wilson M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 28 1922 (28) Alfred Smith Local Registrar.

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.

Registrar

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