

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pinhook
 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

19148

Registration District No. 2500 Registered No. 42
 (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 Bator If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL BO (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 13, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME E. J. Bator
 (9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth. 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Mrs. Knight
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth. 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Lapham, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 10, 22 at A. M. H. Inman 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.