

(1) PLACE OF BIRTH

County of WilsonTownship of Three Mile

Inc. Town of.....

City of.....

(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 Registrar Only

3937

Registration District No. 1602Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Lion Regues Jr.

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 30 22
(Month) (Day) (Year)(8) FULL NAME Lion Regues(9) PRESENT POSTOFFICE OF FATHER Dillon S C R I(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE IL(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two(14) NAME BEFORE MARRIAGE Jeannette Alford(15) PRESENT POSTOFFICE OF MOTHER Dillon S C R I(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE IL(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)(23) (Signature) Mozelle Mcneil

(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 Feb 20 22 (28) B F Hardy 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.