

(1) PLACE OF BIRTH  
County of Sumter  
Township of Hayward  
or  
Inc. Town of Hayward  
or  
City of Hayward (No. 1 St.; 1 Ward)  
(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  
**44806**

Registration District No. 11.1.16 Registered No. 1.0.2  
(For use of Local Registrar)

(2) Full Name of Child Lack M. Iver Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 6</u> 191 <u>5</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lack M. Iver Sr.</u>	(14) NAME BEFORE MARRIAGE <u>Lavinia Adamson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hayward</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hayward</u>
(9) COLOR OR RACE <u>Negro</u>	(16) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Marlborough Co. S.C.</u>	(18) BIRTHPLACE <u>Sumter Co. S.C.</u>	(19) OCCUPATION <u>Field Laborer</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Emeline J. Adams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hayward

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. J. Adams

(27) Filed Dec 7 1915 (28) W. J. Adams 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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