

## (1) PLACE OF BIRTH

County of Lexington

Township of .....

or

Inc. Town of .....

or

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

Registration District No. 3109

File No.—For State Registrar Only

27071Registered No. 63  
(For use of Local Registrar)

## (2) Full Name of Child

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

3. BOY OR GIRL?

Girl

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF

BIRTH May 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Carl Wise

9. PRESENT POSTOFFICE OF FATHER

Lexington, SC

10. COLOR OR RACE

Negro

11. AGE AT LAST BIRTHDAY

33  
(Years)

12. BIRTHPLACE

TX CO

13. OCCUPATION

Librarian

20. Number of children born to mother, including present birth

5

## MOTHER.

14. NAME BEFORE MARRIAGE

Mary Stetman

15. PRESENT POSTOFFICE OF MOTHER

Lexington SC

16. COLOR OR RACE

Negro

17. AGE AT LAST BIRTHDAY

33  
(Years)

18. BIRTHPLACE

TX CO

19. OCCUPATION

Domestic

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 7 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. H. Mallinas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lexington

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 4, 1922

(28)

Mrs. C. E. Taylor  
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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