

THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH  
County of Lexington  
Township of Calver  
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  
**31150**

Registration District No. 3105 Registered No. 96  
(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 Darac Ofeak Bot If child is not yet named, make supplemental report as directed

(3) <del>SEX</del> GIRL	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept 20 1922</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Mr Wade J. Sox</u>			(14) NAME BEFORE MARRIAGE <u>Mrs Lula Bundrick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>New Brookland SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>New Brookland SC</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Lexington SC</u>			(18) BIRTHPLACE <u>Lexington CO</u>	
(13) OCCUPATION <u>clerk</u>			(19) OCCUPATION <u>house wife</u>	
20) Number of children born to mother, including present birth <u>5</u>			21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was alive at P. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Francis Underhill  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife New Brookland SC  
Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10/4 1922 (28) J. C. Lybrand 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.