

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of SpartanburgTownship of Unknown

or

Inc. Town of Unknown

or

City of Unknown

(No. St.; 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

20257

Registration District No. 4008Registered No. 183

(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 <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 13</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Joseph L. Lancaster</u>			14) NAME BEFORE MARRIAGE <u>Effie Wofford</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Unknown SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Unknown SC</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	18) BIRTHPLACE <u>S.C.</u>
13) OCCUPATION <u>Auto Mechanic</u>			19) OCCUPATION <u>Housewife</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 4.9 ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jos. W. Allen

(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 7-1-22 (28) E. J. Parker 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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