

No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of St. James  
 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  
**43958**

Registration District No. 3604 Registered No. 108  
 (For use of Local Registrar)

City of ..... (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 Lorance McMichael If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 27, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Sherran McMichael (14) NAME BEFORE MARRIAGE Nettie Barnes

(9) PRESENT POSTOFFICE OF FATHER North S.C. (15) PRESENT POSTOFFICE OF MOTHER North S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (Years) (Years)

(12) BIRTHPLACE Orangeburg Co (18) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Farm Laborer (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 7 (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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leanne Houser (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North S.C.

Given name added from a supplemental report

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

(27) Filed Jan 23, 1923 (28) F. A. McMichael 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.