

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH *Saluda*  
County of *Saluda*  
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

File No.—For State Registrar Only  
**88813**

Registration District No. *39008* Registered No. *17*  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *one* (5) Number in order of birth *6* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept 19 1922*  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Lee Hare*  
(9) PRESENT POSTOFFICE OF FATHER *Lusville S.C. RFD No 4*  
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *40* (Years)  
(12) BIRTHPLACE *Saluda County*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *6*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lucy Bodenbach*  
(15) PRESENT POSTOFFICE OF MOTHER *Lusville S.C. RFD No 4*  
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *40* (Years)  
(18) BIRTHPLACE *Saluda County*  
(19) OCCUPATION *House-wif*  
(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* ..... at *6 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *J. Sidney Clark*  
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Lusville 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 *Oct 27 1922* (28) *A.D. Bowers* 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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