

(1) PLACE OF BIRTH

County of Newberry
 Township of #9
 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

31458

Registration District No. 3410Registered No. 87
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL boy (4) Twin or Triplet 0 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5 1922
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Lake
 (9) PRESENT POSTOFFICE OF FATHER Little Mountain
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE J.B. (Years)

MOTHER.

(14) NAME BEFORE MARRIAGE Colie Ressler
 (15) PRESENT POSTOFFICE OF MOTHER Little Mountain
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE J.B. (Years)

(19) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth 6

(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 born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. B. Lease(24) State whether Physician or Midwife MD.(25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 20 1922

(28) W. T. Baker 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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