

PLACE OF BIRTH

of *Orangeburg*
of *Maule*
of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

31765

For State Registrar Only

766

Registration District No. *3620*Registered No. *72*
(For use of Local Registrar)No. *43*
Local Registrar)

(No.)

(St. Ward)

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

Full Name of Child *Jerry Dean Lightsey*

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

If yet named, make report as directed

(4) Twin or Triplet? *yes*
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug. 31, 1922*
(Name of Month) (Day) (Year)(8) *2* *1922*
(Day) (Year)

FATHER.

Perry Lightsey
Orangeburg SC
Negro
Orangeburg County
Farmer

(11) AGE AT LAST BIRTHDAY *1.23*
(Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Alice Blackley*(15) PRESENT POSTOFFICE OF MOTHER *Orangeburg*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *19*
(Year)(18) BIRTHPLACE *Orangeburg*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Addie Pringle*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Orangeburg SC*

Name added from a supplemental report

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

(27) Filed *Oct 7 1922* Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return when a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.