

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Boston  
 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  
**18280**

Registration District No. 14.03Registered No. 4.9

(For use of Local Registrar)

(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

Lingard

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

3) BOY OR GIRL

Girl

4) Twin or Triplet?

1

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 10, 1922

(Name of Month) (Day) (Year)

## FATHER

8) FULL NAME

Deel Wears

9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24

(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

house work

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

1-3

## MOTHER

(14) NAME BEFORE MARRIAGE

Annie Lingard

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

None

(21) Number of children of this mother now living, including present birth

1-3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. C. - Drabnett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife. Spartanburg 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

June 14, 1922

(28)

Mrs. C. W. Gentry

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.