

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35965

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Liberty

or Town of .....

or .....

Registration District No. 3610Registered No. 50  
(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 Henry Lanya (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 7, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) Full Name Donia Lanya(9) PRESENT POSTOFFICE OF FATHER Nucca S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming

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

## MOTHER

(14) NAME BEFORE MARRIAGE V. J. Hase(15) PRESENT POSTOFFICE OF MOTHER Nucca S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Slave 10 A at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Irene Bloomer(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nucca S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Oct 7, 1922 T.B.P. Lina 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.