

## (1) PLACE OF BIRTH

County of Florence  
 Township of Jackson  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 20.06Registered No. ....  
(See also of Local Registrar)

City of .....

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

## (2) Full Name of Child

Arlas Orla Langston(3) BOY OR  
GIRLType  
or Triplet(4) Number in  
order of birth(5) Sex  
Males(6) DATE OF  
BIRTHSept 3 1922  
(Month) (Day) (Year)

## FATHER.

(7) FULL  
NAMEExp. W. Langston(8) PRESENT  
POST OFFICE  
OF FATHERIrmo, S.C.(9) COLOR  
OR  
RACEW(10) AGE AT LAST  
BIRTHDAY47  
(Years)

(11) BIRTHPLACE

Irmo, S.C.

(12) OCCUPATION

Farmer

## MOTHER.

(13) NAME BEFORE  
MARRIAGEMiss M. K. K. K.(14) PRESENT  
POST OFFICE  
OF MOTHERIrmo, S.C.(15) COLOR  
OR  
RACEW(16) AGE AT LAST  
BIRTHDAY47  
(Years)

(17) BIRTHPLACE

Irmo, S.C.

(18) OCCUPATION

Housewife(19) Number of children born to  
mother, including present birth2(20) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Signative or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
al report

(25) Witness

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

(26) Filed

Sept 10 1922 Wm. J. H. H. H.19 .....  
Registrar\*When there was no attending physician or midwife, then the father, householder, etc. should report.  
If a child breathes even once, it must not be reported as stillborn. No report is required  
before the fifth month of pregnancy.