

(1) PLACE OF BIRTH

County of ColumbiaTownship of Cantonor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 310No. for State Registrar Only
12870Registered No. 48
(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 Paula Marie Lane (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH 5 10 23
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)(7) FATHER'S FULL NAME W. B. Lane (8) MOTHER'S FULL NAME Kathie Martin(9) PRESENT POSTOFFICE OF FATHER Canton, S.C. (10) PRESENT POSTOFFICE OF MOTHER Canton, S.C.(11) COLOR OR RACE W (12) AGE AT LAST BIRTHDAY 39 (13) COLOR OR RACE W (14) AGE AT LAST BIRTHDAY 39(15) BIRTHPLACE Oconee Co., S.C. (16) BIRTHPLACE Oconee Co., S.C.(17) OCCUPATION Cotton mill work (18) OCCUPATION Housewife(19) Number of children born to mother, including present birth 5 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was (22) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Emma P. ...(24) State whether Physician or Midwife Midwife(25) Address Canton, 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 11, 1923 (28) H. H. ... 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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