

(1) PLACE OF BIRTH

County of EdgecombeTownship of #1Inc. Town of orCity of (No.)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15701

Registration District No. 3900B Registered No. 12

(For use of Local Registrar)

2) Full Name of Child

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

BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar, 16, 1923

(Name of Month) (Day) (Year)

FATHER. FULL NAME Emm LanePRESENT POSTOFFICE OF FATHER Laneville S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)BIRTHPLACE S.C.OCCUPATION FarmerNumber of children born to mother, including present birth 1MOTHER. (14) NAME BEFORE MARRIAGE Dora Charles(15) PRESENT POSTOFFICE OF MOTHER Laneville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas. Crumpton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laneville S.C.

New name added from a supplemental report

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

(27) Filed Jan. 1, 1923 (28) H. C. Langley 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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