

(1) PLACE OF BIRTH

County of LexingtonTownship of Lexington

Incl. Town of

City of

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

2) Full Name of Child. not named

File No.—For State Registrar Only

14942

Registered No. 46

(For use of Local Registrar)

BOY OR
GIRL? B(4) Twin
or Triplet? -(5) Number in
order of birth 3

To be covered only in event of Twin or Triplet

(6) Are
Parents
Married? yes(7) DATE OF
BIRTH(Name of Month) (Day) 191—
(Year)

FATHER.

not Kagle -

Brookland SC

col (11) AGE AT LAST
BIRTHDAY 36
(Years)

Lexington Co

Farmer -

3

Number of children born to
father at present birth

MOTHER

(14) NAME BEFORE
MARRIAGE Hattie Bruce(15) PRESENT
POSTOFFICE
OF MOTHER Brookland(16) COLOR
OR
RACE col(17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE Lexington Co

(19) OCCUPATION

Domestic

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

none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 9 2 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. K. S. J. R. K. S. J. R. K. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

2620 Main

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 5/2 23

J. P. Lyons

Local Registrar

If a child is attending physician or midwife, then the father, householder, etc., should make this return. If
all on this even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.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.