

(1) PLACE OF BIRTH

County of LEXINGTON
 Township of SAVING 1970
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 3102No. 4494 - For State Registrar OnlyRegistered No. 15
(For use of Local Registrar)

(2) Full Name of Child Justine J. Mack
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

1. BOY OR GIRL Girl

2. Date of Birth

3. Number in order of birth

4. Are Parents Married Yes5. DATE OF BIRTH July 22, 1973
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME James Mack7. PRESENT POSTOFFICE OF FATHER Lexington, S.C.8. COLOR OR RACE W9. AGE AT LAST BIRTHDAY 45 (Year)10. BIRTHPLACE Lexington, S.C.11. OCCUPATION Farmer12. Number of children born to mother, including present birth 4

MOTHER.

13. NAME BEFORE MARRIAGE Miss Betty Bailey14. PRESENT POSTOFFICE OF MOTHER Lexington, S.C.15. COLOR OR RACE W16. AGE AT LAST BIRTHDAY 45 (Year)17. BIRTHPLACE Lexington, S.C.18. OCCUPATION Homemaker19. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M., on the date above stated. Alive or stillborn Hour: 7:30 M. or P. M.

(21) Signature of Physician or Midwife J. B. Edwards(22) Address of Physician or Midwife Dwarsen St.

When there is a change of residence, the physician or midwife should make this return.

If a child is born dead, the physician or midwife should make this return.

If a child is born stillborn, the physician or midwife should make this return.

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