

(1) PLACE OF BIRTH

County of Lexington
 Township of Northbrook
 or
 Inc. Town of Lexington
 or
 City of Lexington

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8340

Registration District No. 3105Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Bill Charles

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? 1(5) Number in order of birth 1
 To be answered only in event of Twins or Triplets(8) Are Parents Married? No

(7) DATE OF BIRTH

Feb 25 1922
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Artis Jackson(9) PRESENT POSTOFFICE OF FATHER Lexington SC(10) COLOR OR RACE Caucasian(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Lexington Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Bell Charles(15) PRESENT POSTOFFICE OF MOTHER Northbrook SC(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Lexington Co.(19) OCCUPATION House Keeping(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 February 25 1922 at Lexington
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) at Lex

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexington SC

Given name added from a supplemental report

(26) Witness Father and Mother

Signature of Witness necessary only when question 23 is signed by mother

(27) Filed 2/28 1922(28) J. C. Lybrand

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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