

(1) PLACE OF BIRTH

County of Cabell
 Township of Braxton
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

41848

Registration District No. 403Registered No. 115
(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 Lean Varn (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Varn(9) PRESENT POSTOFFICE OF FATHER Eckhardt S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Hay(15) PRESENT POSTOFFICE OF MOTHER Eckhardt S.C.(16) COLOR OR RACE M A (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Laborer on Farm(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Martha Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eckhardt S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) File Dec 9 1922 (28) W. D. Kivard 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.