

(1) PLACE OF BIRTH

County of York
 Township of Antelope Creek
 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

00007

Registration District No. 4403Registered No. 41
(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

John Lance

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet

—

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

Sept. 6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alexander Lance

(9) PRESENT POSTOFFICE OF FATHER

Sharon us 1

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

23
(Year)

(12) BIRTHPLACE

S. Carolina

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel Rainey

(15) PRESENT POSTOFFICE OF MOTHER

Sharon us 1

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23
(Year)

(18) BIRTHPLACE

S. Carolina

(19) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

5

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Charles O. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sharon, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 2 1923

(28)

W. C. Mitchell
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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