

(1) PLACE OF BIRTH

County of Clayton
 Township of Stanton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3772

Registration District No. 1313Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Lane Delaine

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 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 22
 (Month) (Day) (Year)

FATHER

(8) FULL NAME George Delaine
 (9) PRESENT POSTOFFICE OF FATHER Stanton
 (10) COLOR negro (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE Clayton

MOTHER

(14) NAME BEFORE MARRIAGE Mavis R. R. Berg
 (15) PRESENT POSTOFFICE OF MOTHER Stanton
 (16) COLOR negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Clayton

(13) OCCUPATION Farmer

(18) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 100 M. on the date above stated. (Signative or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lane Delaine (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Stanton

Given name added from a supplemental report M. B. W.
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb 22 (28) Local Registrar A. J. White

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.