

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39482

Registration District No. 3407 Registered No. 62  
(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child J. L. David Lake 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 Nov. 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Olive, at 4 P. M., (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.

(22) (Signature) Josephine P. Butler

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife Silverstreet S. C.

(25) Witness

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

(26) Filed Nov. 30, 1922. (27) J. M. Luyet Local Registrar

Given name added from a supplemental report

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.