

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39359

(1) PLACE OF BIRTH

County of Marion

Township of Marion

or Inc. Town of Marion

City of Marion

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

Registration District No. 39A

Registered No. 100
(For use of Local Registrar)

(2) Full Name of Child Robert Lee Lause

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 11, 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Eddie Lause

(9) PRESENT POSTOFFICE OF FATHER Marion, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Marion, S.C.

(13) OCCUPATION Saw Mill

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Donella Johnson

(15) PRESENT POSTOFFICE OF MOTHER Marion, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE Marion, S.C.

(19) OCCUPATION Domestic

(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 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine Enlow

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion, 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 Dec. 10, 1922 (28) Lena Montemey 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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