

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		28381	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of <u>Georgetown</u>		Registration District No. <u>21-A</u>		Registered No. <u>60</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>21</u>) <u>Room A</u>		St. Ward)	
(2) Full Name of Child <u>James Henry Mc Lane</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 5 1922</u> (Month of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James M. Lane</u>			(14) NAME BEFORE MARRIAGE <u>Matinee M. Archer</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown SC.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Brigden - Ont. Canada.</u>			(18) BIRTHPLACE <u>Martha ville Ont - Canada</u>		
(13) OCCUPATION <u>STAVE</u> <u>Steel Cutter</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10</u> A.M., on the date above stated. (Hour, M. or P. M.)					
(23) (Signature) <u>J. H. Bell</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Georgetown SC.</u>					
Given name added from a supplemental report					
<u>See affidavit</u>					
<u>12/19/22</u> <u>M. R. W.</u> Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Oct 6</u> 19 <u>22</u> (28) <u>Mrs. R. T. King</u> Local Registrar					

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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