

## (1) PLACE OF BIRTH

County of LancasterTownship of Indian Land

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

(3) SEX OR CHILD Girl (4) Type or Trait To be covered only in case of Twin or Triplets (5) Number in order of birth 1 (6) Age at birth yr (7) Date of birth Dec 23 (8) Name of child (9) (10) (11)

FATHER.

(12) FULL NAME Thurston Ashley

(13) PRESENT POST OFFICE OF FATHER Decatur, Ga.

(14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 31 (16) BIRTHPLACE Lancaster, S.C. (17) OCCUPATION Farming

(18) Number of children born to mother, including present birth 2

MOTHER.

(19) NAME BEFORE MARRIAGE Ellie McLean

(20) PRESENT POST OFFICE OF MOTHER Decatur, S.C.

(21) COLOR OR RACE W (22) AGE AT LAST BIRTHDAY 34 (23) BIRTHPLACE N.C. (24) OCCUPATION Domestic

(25) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(26) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Born A. M. or P. M.)

(27) on the date above stated.

(28) (Signature) L. L. L. (29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife Waynesville, N.C.

Given name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 26 is signed by parent)

(32) Filed Jan. 14 (33) J. R. Pierce

When there was no attending physician or midwife, when the father, householder, or other person present at the birth of the child breathes even once, it must not be reported as stillborn. No record is to be made of a child born before the birth month of the year.

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

File No. - For State Register  
**41228**

Registration District No. 2805 Registered No. 32  
(For use of Local Registrar)

(No. .... St. .... Ward) (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) SEX OR CHILD Girl (4) Type or Trait To be covered only in case of Twin or Triplets (5) Number in order of birth 1 (6) Age at birth yr (7) Date of birth Dec 23 (8) Name of child (9) (10) (11)

FATHER.

(12) FULL NAME Thurston Ashley

(13) PRESENT POST OFFICE OF FATHER Decatur, Ga.

(14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 31 (16) BIRTHPLACE Lancaster, S.C. (17) OCCUPATION Farming

(18) Number of children born to mother, including present birth 2

MOTHER.

(19) NAME BEFORE MARRIAGE Ellie McLean

(20) PRESENT POST OFFICE OF MOTHER Decatur, S.C.

(21) COLOR OR RACE W (22) AGE AT LAST BIRTHDAY 34 (23) BIRTHPLACE N.C. (24) OCCUPATION Domestic

(25) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(26) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Born A. M. or P. M.)

(27) on the date above stated.

(28) (Signature) L. L. L. (29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife Waynesville, N.C.

Given name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 26 is signed by parent)

(32) Filed Jan. 14 (33) J. R. Pierce

When there was no attending physician or midwife, when the father, householder, or other person present at the birth of the child breathes even once, it must not be reported as stillborn. No record is to be made of a child born before the birth month of the year.