CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3052

(1) PLACE OF BIRTH
County of Anderson
Township of Honea Path
or
Inc. Town of ..... Registration District No. 307 Registered No. 28
(For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or triplet? (Use answers only in event of Twins or triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Dec. 21, 1922

FATHER.

(9) FULL NAME: Lee Watts Stone
(10) PRESENT POSTOFFICE OF FATHER: Honea Path. S.C.
(11) COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 28 (Years)
(12) BIRTHPLACE: Ga.
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 4

MOTHER.

(14) NAME BEFORE MARRIAGE: Mary Jane Lambert
(15) PRESENT POSTOFFICE OF MOTHER: Honea Path
(16) COLOR OR RACE: White — (17) AGE AT LAST BIRTHDAY: 27 (Years)
(18) BIRTHPLACE: Anderson Co.
(19) OCCUPATION: Domestic
(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John W. Williams
(24) State whether Physician or Midwife: MD
(25) Address of Physician or Midwife: Honea Path S.C.

Given name added from supplemental report* ..... 191..
..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mch 1923 (28) J A Williams 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.

Registrar ..... Local Registrar.
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Form of Certificate used in Registration Area of Bulletin, No. 2, etc., to question 9.
PUBLIC HEALTH, No. 1, 1919 (FEDERAL)