

WHEN PLACED, WITH DEDICATED, INSTRUCTIONS TO A REGISTERING OFFICIAL, AND MARK THE  
N. B.—In case of TWINS OR TRIPLETS, SEPARATE BLANKS FOR EACH CHILD, AND MARK THE  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LEXINGTON  
Township of LADY RAN SANDY RAN  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**19403**

Registration District No. 3112 Registered No. 18  
(For use of Local Registrar)

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) SEX OR CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clab Frier  
(9) PRESENT POSTOFFICE OF FATHER Wausen  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40  
(12) BIRTHPLACE Lexington Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Livingston  
(15) PRESENT POSTOFFICE OF MOTHER Wausen  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE Lexington Co  
(19) OCCUPATION Teacher  
(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..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Valissia Livingston  
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Wausen

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(25) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed June 24 1922 (27) Local Registrar J. H. Suggs

\*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 stillbirth before the fifth month of pregnancy.