

(1) PLACE OF BIRTH

County of Lantern  
Township of St. John  
or  
Inc. Town of St. John  
or  
City of Ware Shoals  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21689

Registration District No. 2906 Registered No. 43  
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH July 19 1923  
(Month) (Day) (Year)

FATHER.  
(8) FULL NAME Albert Sidney South  
(9) PRESENT POSTOFFICE OF FATHER Ware Shoals #1 S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 8

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Ethel Colleton  
(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals #1 S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
(18) BIRTHPLACE Greenville S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:20 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Donnan  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ware Shoals 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 July 24 1923 (28) Mrs. S. J. 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.

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DO NOT WRITE IN THESE SPACES. USE SEPARATE BLANK FOR EACH CHILD. AND MARK IN QUESTION 1 FIRST-BORN. NO. 1. THE OTHER. NO. 2. ETC. IN QUESTION 2.