

(1) PLACE OF BIRTH

County of Richland
Township of Lower
or
Inc. Town of Eastover
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23722

Registration District No. Registered No. 160
(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 Lilla Laine { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Apr 23, 22</i> (Name of Month) (Day) (Year)
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(8) FULL NAME	Bishop Lakin	
(9) PRESENT POSTOFFICE OF FATHER	Castroville, SC	
(10) COLOR OR RACE	Colored	(11) AGE AT LAST BIRTHDAY..... 40 (Years)
(12) BIRTHPLACE	Fairfield Co.	
(13) OCCUPATION	Farmer	

(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE *Maud Miller*

(15) PRESENT POSTOFFICE OF MOTHER *Castover*

(16) COLOR OR RACE *Coleed* (17) AGE AT LAST BIRTHDAY..... *31*.....
(Years)

(18) BIRTHPLACE *Fairfield Co.*

(19) OCCUPATION *Farming*

(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive at 3 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alfredas M. Martynas
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(24) State whether Physician or Midwife <i>midwife</i>	(25) Address of Physician or Midwife <i>Castroville, S.C.</i>
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Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 7/17/15 (28) 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.