

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Flat Creek  
 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

4733

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

## (2) Full Name of Child

If child is not yet named, make  
 supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Jan 29</u> 19 <u>22</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Walter Langley</u>			14) NAME BEFORE MARRIAGE <u>Ada Taylor</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Kershaw D.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Kershaw D.C.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
12) BIRTHPLACE <u>D.C.</u>			18) BIRTHPLACE <u>D.C.</u>	
13) OCCUPATION <u>mill worker</u>			19) OCCUPATION <u>husk</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated.  
 (Born alive or stillborn. (Hour \* N. or P. M.))

(23) (Signature) D. J. Blackman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W. H. Kershaw D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 1922

(28)

L. J. Taylor

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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REMARKS: IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.