

(1) PLACE OF BIRTH

County of SpartanburgTownship of 11Inc. Town of "City of "

(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

66144

Registration District No. 40-A Registered No. 232

(For use of Local Registrar)

St. 2 Ward 1(2) Full Name of Child Edward Gay Lancaster

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

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH 6-18-11

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walker W. Lancaster(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION Cosmopolitan(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie L. Hearn(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Trough S.C.(19) OCCUPATION Armistice(20) 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 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Lancaster(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 1, 1911

(28)

Jas. Copes 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.

fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

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