

Form No. 3

## 1) PLACE OF BIRTH

County of .....

Township of .....

City of .....

City of .....

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

18548

Registration District No. 20 A Registered No. 196

(For use of Local Registrar)

(No. 413. C. Palmetto St.; 2. Ward)

## 2) Full Name of Child

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

3) Twin or Triplet? ☒ No  
To be answered only in case of Twins or Triplets

4) Are Parents Married? ☒ Yes

7) DATE OF BIRTH June 16, 1922  
(Month) (Day) (Year)

FATHER: Lewis Newton M. Lendon

MOTHER: Maggie Sisson

8) PRESENT POSTOFFICE OF FATHER: Florence, S.C.

15) PRESENT POSTOFFICE OF MOTHER: Florence, S.C.

9) COLOR OR RACE: W.

16) COLOR OR RACE: W.

10) BIRTHPLACE: Lexington, G. S. C.

17) AGE AT LAST BIRTHDAY: 20

11) OCCUPATION: Farmer

18) BIRTHPLACE: Cumberland Co., N.C.

19) OCCUPATION: Housewife

12) Number of children born to mother including present birth: 4

21) 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 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 19, 1922 (28) C. C. Craft 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.