

(1) PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town of Lake Cityor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42320

Registration District No. 20 B Registered No. 40
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Herbert Lanzo Jones If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 17
(Name of Month) (Day) (Year)FATHER. LONZO(8) FULL NAME William Lanzo Jones(9) PRESENT POSTOFFICE OF FATHER Lake City SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 6 (Yrs)(12) BIRTHPLACE Cawways S.C.(13) OCCUPATION Plumber(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Versie A. Fryar(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Cawways S.C.(19) OCCUPATION House(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 245 P M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 1/17/28 (28) [Signature] 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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