

(1) PLACE OF BIRTH

County of AdamsTownship of Magnoliaor
Inc. Town ofCity of (No. St. Ward)
(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

17316

Registration District No. 109Registered No. 60
(For use of Local Registrar)(2) Full Name of Child. Robert Lane

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

(3) BOY OR GIRL?

(4) Twin or Triplet? /(5) Number in order of birth /(6) Are Parents Married? no(7) DATE OF BIRTH June 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Shanon Dove(9) PRESENT POSTOFFICE OF FATHER Mc Connell S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE G.A.(13) OCCUPATION hammer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Fowler(15) PRESENT POSTOFFICE OF MOTHER Mc Connell S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cashman Falls S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 9 1922(28) M. H. H. 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.