

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 3.—For State Registrar Only	
County of <u>Spokane</u>		STATE OF SOUTH CAROLINA		36414	
Township of		Bureau of Vital Statistics		Registered No. <u>114</u>	
Inc. Town of		State Board of Health		(For use of Local Registrar)	
City of		Registration District No. <u>10009</u>		St.; Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No.)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Pauline Lavender</u>					
(3) BOY OR GIRL <u>G</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 14 22</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>J Ee Lavender</u>			(14) NAME BEFORE MARRIAGE <u>Ida Howard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Duncan SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>19</u> M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>J C Moore</u>					
(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 <u>Oct 16 1922</u>		
..... 19			(28) <u>J C Moore</u> Local Registrar		
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.					