

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only

34436

County of GreenvilleTownship of Salineor
Inc. Town ofRegistration District No. 2009 Registered No. 109City of (No.) (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, Sorenia Lagan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>1</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 17, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(5) FULL NAME Jessie Lagan(6) PRESENT POSTOFFICE OF FATHER Lakeview, S.C.(8) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 123 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lumber(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Miss Mathews(15) PRESENT POSTOFFICE OF MOTHER Lakeview, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 born alive at 1309 N.W. on the date above stated. (Hour, A. M. or P. M.)(23) (Signature) S. B. W. Rountree, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lakeview, 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 1922 (28) 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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