

County of Franklin
Township of Central
or
inc. Town of.....
or
City of

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

File No.—For State Inspection Only
18796

Registration District No. 222 Registered No. 107
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) BOY OR GIRL <i>Girl</i>	(4) Date of Birth or Triplet To be answered only in event of Twins or Triplets	(6) Number in order of Birth	(8) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>June 5 1923</i>
FATHER.			MOTHER.	
(1) FULL NAME <i>Wah Lee Sord.</i>			(14) NAME BEFORE MARRIAGE <i>Ann Margaret Lusk</i>	
(3) PRESENT POSTOFFICE OF FATHER <i>Cumhale S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Cumhale S.C.</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>29</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)	
(12) BIRTHPLACE <i>A.C.</i>			(18) BIRTHPLACE <i>S.C.</i>	
(13) OCCUPATION <i>Comm. Exper.</i>			(19) OCCUPATION <i>house keeper</i>	
(20) Number of children born to mother, including present birth <i>4</i>			(21) Number of children of this mother now living, including present birth <i>4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(23) I hereby certify that I attended the birth of this child, who was . . . Alvina . . . ad. . . . 11.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
al report

(20) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Date June 10 1943 (28) John A. Johnson
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.