

(1) PLACE OF BIRTH

County of Chester
 Township of Roswell
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41610

Registration District No. 1107Registered No. 164
(For use of Local Registrar)

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

(2) Full Name of Child Esher Lane

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 24 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Lane
 (9) PRESENT POSTOFFICE OF FATHER Great Falls SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Chester Co. S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Atkins
 (15) PRESENT POSTOFFICE OF MOTHER Great Falls SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Durham N.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born alive or stillborn... at 6 P.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Sarah Mack(24) State whether Physician or Midwife 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 11/5/23

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(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.