

## (1) PLACE OF BIRTH

County of Florence  
 Township of Thomasboro  
 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

38307

Registration District No. 2006 Registered No. 39  
 (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.)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Langston  
 (9) PRESENT POSTOFFICE OF FATHER Wm. Langston  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE Wm. Langston  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Wm. Langston  
 (15) PRESENT POSTOFFICE OF MOTHER Wm. Langston  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Year)  
 (18) BIRTHPLACE Wm. Langston  
 (19) OCCUPATION Housekeeper  
 (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 at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

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

Nov 10192227Local RegistrarLocal 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.