

(1) PLACE OF BIRTH

County of Lexington
 Township of Lexington
 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

8364

Registration District No. 3109 Registered No. 5
 (For use of Local Registrar)

(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?

5. Number in order of birth

To be answered only in event of Twin or Triplets

6. Are Parents Married? yes

7. DATE OF BIRTH

January 2nd 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

William Leary Sor

9. PRESENT POSTOFFICE OF FATHER

Lexington, S.C.

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

29
 (Years)

12. BIRTHPLACE

Lexington, S.C.

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Winnona Irene Addy

15. PRESENT POSTOFFICE OF MOTHER

Lexington, S.C.

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

27
 (Years)

18. BIRTHPLACE

Lexington, S.C.

19. OCCUPATION

Home.

21. Number of children of this mother now living, including present birth

3

20. Number of children born to mother, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Physician

Lexington, S.C.

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

JAN. 23. 1922

(28) Chas. E. Taylor

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.

AS A CHILD BORN FROM ONE WHO MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.