

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
42001

County of Washington
Township of Lowville
or
Inc. Town of.....
City of.....

Registration District No. 1-5-0-3

Registered No.....
(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 Ned Berry

(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 - (6) Age Parents Married no (7) DATE OF BIRTH Dec 3, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Lane
(9) PRESENT POSTOFFICE OF FATHER Idartine S.C.
(10) COLOR OR RACE Col - (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE n. c.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Bessie Berry
(15) PRESENT POSTOFFICE OF MOTHER Washington R.
(16) COLOR OR RACE Col - (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Ac - home
(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.... Subvix.... at 9 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alma Lewis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report

(26) Witness.....
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Jan 1, 1923 (28) E. A. Early
Registrar 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.