

(1) PLACE OF BIRTH

County of AllendaleTownship of 1Inc. Town of 1City of 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 46

File No.—For State Registrar Only

19711

Registered No. 88
(For use of Local Registrar)(No. 1 St. 1 Ward 1)(2) Full Name of Child Maggie Lane
(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)

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 24, 1933</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Jeff Lane</u>	14) NAME BEFORE MARRIAGE <u>Bertha Ritter</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Allendale SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Allendale SC</u>			
10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>SC</u>	18) BIRTHPLACE <u>SC</u>			
13) OCCUPATION <u>Farm work</u>		19) OCCUPATION <u>Farm work</u>		
20) Number of children born to mother, including present birth <u>6</u>		21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P M., on the date above stated. (Born alive or stillborn) (Hour 7 P M. or P. M.)(23) (Signature) Flora H. Dole(24) State whether Physician or Midwife Midwife(25) Address of Phys. or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 31, 1933

(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.

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