

(1) PLACE OF BIRTH

County of KershawTownship of De Kalb

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

15429

Registration District No. 2791 Registered No. 71
(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 Sarah Ellen Lunsy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF

BIRTH Oct 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Lunsy(9) PRESENT POSTOFFICE OF FATHER Laurens(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(Years) 33(12) BIRTHPLACE Mo. Farmer

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Madier Williams(15) PRESENT POSTOFFICE OF MOTHER Laurens(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

(Years) 32(18) BIRTHPLACE Mo. Farmer

(19) OCCUPATION

(20) Number of children born to mother, including present birth 18(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Chen Calne G. C. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chen Calne(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 15, 1922

(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.