

(1) PLACE OF BIRTH

County of Spokane
Township of Wagon Wheel
or
City of

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

No. for State Registrar Only
22613

Registration District No. 4105 Registered No. 53
(For use of Local Registrar)

City of

(2) Full Name of Child Lois Lancaster
(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) SEX OF CHILD Girl (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married Yes (7) DATE OF BIRTH July 1, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME William Linder Lancaster
(9) PRESENT POSTOFFICE OF FATHER Sumner S.C. #3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)
(12) BIRTHPLACE Spokane Co., S.C.
(13) OCCUPATION Farmer

MOTHER
(14) NAME BEFORE MARRIAGE Etta Brewington
(15) PRESENT POSTOFFICE OF MOTHER Sumner, S.C. #3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Wagon Wheel, Spokane Co., S.C.
(19) OCCUPATION Rich
(21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) M. L. Patton (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Wagon Wheel, 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 Aug 11, 1923 (28) C. D. Manner 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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