

(1) PLACE OF BIRTH

County of SpartanburgTownship of Woodruff

Inc. Town of _____

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30274

Registration District No. 400.9 Registered No. 97

(For use of Local Registrar)

(2) Full Name of Child Mary E. Lancaster 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4, 23 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Edward Lancaster</u>	(14) NAME BEFORE MARRIAGE <u>Mary Ellen Burnett</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Woodruff S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>51</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Spartanburg S.C.</u>	(18) BIRTHPLACE <u>Union S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white as born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(23) (Signature) C. H. McCorr(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report

John 26 10274Janie Fairer

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

(27) Filed Oct 12 23 (28) Chas. L. Boyter 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

McCorr of Columbia