

(1) PLACE OF BIRTH

County of *Colleton*Township of *Walterboro*or
Inc. Town ofor
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

14459

Registration District No. *140*Registered No. *119*

(For use of Local Registrar)

(2) Full Name of Child *Edna Lane*

(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL <i>Girl</i>	4. Twin or Triplet? <i>Single</i>	5. Number in order of birth <i>1st</i>	6. Are Parents Married? <i>Yes</i>	7. DATE OF BIRTH <i>May 4th 1919</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Charlie W. Lane*(9) PRESENT POSTOFFICE OF FATHER *White Hall, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *22* (Year)(12) BIRTHPLACE *Walterboro*(13) OCCUPATION *Electrician*(14) Number of children born to mother, including present birth *1st*

MOTHER.

(14) NAME BEFORE MARRIAGE *Edna Davis*(15) PRESENT POSTOFFICE OF MOTHER *White Hall, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Year)(18) BIRTHPLACE *Walterboro, S.C.*(19) OCCUPATION *House Wife*(20) Number of children of this mother now living, including present birth *1st*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *6 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Chas. E. Houston M.D.*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *White Hall*

Given name added from a supplemental report

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

(26) Filed *June 10, 1919* (27) 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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