

Form No. 3

(1) PLACE OF BIRTH

County of Marion
Township of Reaves
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

43638

Registration District No. 3405

Registered No. 148
(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 Robert D. Lane

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 13, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Rufus Lane
(9) PRESENT POSTOFFICE OF FATHER Mullins 28
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 26
(Years)
(12) BIRTHPLACE Calhoun County N.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Rufus Mullins
(15) PRESENT POSTOFFICE OF MOTHER Bullock County Ga
(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 25
(Years)
(18) BIRTHPLACE Bullock County Ga
(19) OCCUPATION House & farm work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 23, 1923 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE NO FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAP OF COLUMBIA, S. C.