

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Dakota

STATE OF SOUTH CAROLINA

**Bureau of Vital Statistics
State Board of Health**

5149

Township of Franklin.....

Registration District No. 3902 Registered No. 5.....
(Use name of Local Registrar)

10

Inc. Town of.....

(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 Janis Lane

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

2) BOY ON
CIGAR?

(4) **Tutor**
or Trustee

6) Number in order of birth

(8) *[Signature]*
Parente
Magistrate

DATE OF BIRTH April 26 1923
(Month) (Day) (Year)

FATHER.

8) **FULL NAME**

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

12. **WISCONSIN**

(12) **OCCUPATION**

20) Number of children born to
father, including grand birth

I hereby certify that I attended the birth of this child, who was white at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(S) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
(a) report)

(20) Witness

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

(ST) Filed 07/14/9...102)

[illegible]

*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 stillborns before the fifth month of pregnancy.