

(1) PLACE OF BIRTH

County of Lancaster

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7505

Township of

Inc. Town of Lancaster

City of

Registration District No.

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child.

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 20, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME D. W. Finner(9) PRESENT POSTOFFICE OF FATHER Lancaster, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Stanley Co., N. C.(13) OCCUPATION Textile Operative(14) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Lula Wright(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Lancaster Co., S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 3:20 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. P. Finner(23) State whether Physician or Midwife (24) Address of Physician or Midwife Lancaster, S. C.

Given name added from a supplemental report

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

(26) Filed 1923 (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.