

(1) PLACE OF BIRTH

County of Laurens
 Township of Sandy Grove
 or
 Inc. Town of
 or
 City of Lake City

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

29739

Registration District No. 1316 Registered No. 84
 (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 Arther Lloyd McFadden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 23 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME McFadden(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (Years)(12) BIRTHPLACE Laurens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Harriette Brand(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
 (Years)(18) BIRTHPLACE Laurens(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Jordan

(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 Sept 26 22 (28) E. H. McFadden
 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.