

(1) PLACE OF BIRTH

County of Sandra  
Township of Mal  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St. .... Ward)

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

No. for State Register Only

22456

Registration District No. 2900A Registered No. 8  
(For use of Local Registrar)

(2) Full Name of Child

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

3.  BOY OR  GIRL Boy 4.  Twin or Triplet one 5.  Number in order of birth 2 6.  Age of Parent yes 7. DATE OF BIRTH July 16, 1973

FATHER.

8. FULL NAME Wm Lester Omer

9. PRESENT POSTOFFICE OF FATHER Lusville S.C.R. 75 No 2

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 27 (Years)

12. BIRTHPLACE Sandra County

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Jessie Viola Shesky

15. PRESENT POSTOFFICE OF MOTHER Lusville S.C.R. 75 No 2

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 21 (Years)

18. BIRTHPLACE Sandra County

19. OCCUPATION Housewife

20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lusville S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 1973 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed July 25, 1973 (28) AO B... 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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