

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark the FIRST-BORN, etc. THE ABOVE INFORMATION IS REQUIRED BY THE SOCIETY OF COLOMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LANCASTER
Township of
OR
Inc. Town of LANCASTER
OR
City of

CERTIFICATE OF BIRTH

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

File

22 050309

Only

Registration District No. 28a Registered No. 4
(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 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Jan 21, 1922
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Lula garris

(15) PRESENT RESIDENCE OF MOTHER Lancaster Sc

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTH PLACE Lancaster county

(19) OCCUPATION farmer

(21) 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 born alive at 10:15 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Witherpoon

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lancaster

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

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

(27) Filed 2-8 1923 (28) J. J. Thomason 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.