

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lytle
 OF
 Inc. Town of
 OF
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

Registration District No. 2804

No. for State Register Only
4362

Registered No. 21
 (For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL Girl (2) Sex of Triplet one (3) Number in order of birth Three (4) Are Parents Married yes (5) DATE OF BIRTH July 4, 1923
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Clayton Rogers
 (7) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 21
 (Year)
 (10) BIRTHPLACE Lancaster S.C.
 (11) OCCUPATION Carpenter

MOTHER.

(12) NAME BEFORE MARRIAGE Irine Todd
 (13) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 26
 (Year)
 (16) BIRTHPLACE Lancaster S.C.
 (17) OCCUPATION Domestic

(18) Number of children born to mother, including present birth Three (3)

(19) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) J. D. Dandridge
 (22) Name of Physician or Midwife (23) Address of Physician or Midwife Lancaster S.C.

(24) Given name of child

(Signature of Witness necessary only when question 24 is signed by mother)

(25) Local Registrar J. T. Johnson

Householder, etc., should make this return. No report is desired of stillbirths.

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