

(1) PLACE OF BIRTH

County of HarveyTownship of Flap

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15362

Registration District No. 2508Registered No. 54
(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 Franklin Earle Lane 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? Yes

(7) DATE OF BIRTH

May 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alfred Oscar Lane

(9) PRESENT POSTOFFICE OF FATHER

Nichols SC(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Marion Co

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Blanch Sawyer

(15) PRESENT POSTOFFICE OF MOTHER

Nichols SC(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Harvey Co

(19) OCCUPATION

Housekeeping

(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 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan F. Lloyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Fair Bluff SC

Given name added from a supplemental report

(26) Witness

C. F. D. Bore
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 61922

(28)

C. F. D. Bore

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.