

(1) PLACE OF BIRTH

County of Orangeburg.....

Township of Orange.....

or
Inc. Town of.....

or
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

File No.—For State Registrar Only
35083

Registration District No. 3613 Registered No. 146
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Corley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? ☒ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leander Corley

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
(Year)

(12) BIRTHPLACE W.S.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Felder

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE W.S.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) N. J. Weaver (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed Oct 27 1922 (28) A. L. Toney 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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WHEN CLAIMING OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, NO. 2, ETC., IN QUESTION 5.
N. B.—In case of FIRST-BORN, No. 1. THE OTHER, No. 2, ETC., IN QUESTION 5.

MADE IN SOUTH CAROLINA, COLUMBIA, S. C.