

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Camer  
or

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

File No.—For State Registrar On  
**40819**

(1) PLACE OF BIRTH  
County of Anderson  
Township of Centerville  
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  
**40818**

Registration District No. 3.03 Registered No. 87  
(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 P. L. Lenty {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? MALE (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 21, 22  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME P. L. Lenty  
(9) PRESENT POSTOFFICE OF FATHER Anderson  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39  
(Year)  
(12) BIRTHPLACE And Co SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 7

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Julia Lelpman  
(15) PRESENT POSTOFFICE OF MOTHER Anderson  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32  
(Year)  
(18) BIRTHPLACE Hart Co Ga  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) 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 A. M. or P. M.)  
(23) (Signature) A. D. Smithers M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson SC

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 ..... 19 ..... (28) F. B. Craythorn  
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.