

(1) PLACE OF BIRTH

County of **Dorchester**Township of **Koger**or
the Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Leliana Lennon**

(3) SEX OR GIRL girl	(4) Twin or Triplet I To be covered only in event of Twin or Triplet	(5) Number in order of birth II	(6) Are Parents Married yes	(7) DATE OF BIRTH July 23 rd 23 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL
NAME **Angus Lennon**

(9) PRESENT
POSTOFFICE
OF FATHER **St George S.C.**

(10) COLOR
OR
RACE **Negro** (11) AGE AT LAST
BIRTHDAY **38**
(Years)

(12) BIRTHPLACE **S.C.**

(13) OCCUPATION
Farmer

(14) Number of children born to
mother, including present birth **II**

MOTHER.

(15) NAME BEFORE
MARRIAGE **Hattie Rivers**

(16) PRESENT
POSTOFFICE
OF MOTHER **St George S.C.**

(17) COLOR
OR
RACE **Negro** (18) AGE AT LAST
BIRTHDAY **34**
(Years)

(19) BIRTHPLACE **S.C.**

(20) OCCUPATION
Housewife

(21) Number of children of this mother
now living, including present birth **8**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **6 P. M.** on the date above stated. (Born or stillborn) Hour A. M. or P. M.

(23) (Signature) **Linda Russell**

(24) State whether Physician or Midwife **Midwife** Location of Physician or Midwife **Reeseville S.C.**

Given name added from a supplement-
tal report

(25) Witness **E.C. Cherian** (Signature of Witness necessary only
when question 23 is signed by mother)

(26) Filed **May 16 th 23** (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
before the fifth month of pregnancy.