

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Brushy Creek  
 or  
 Inc. Town of.....  
 or  
 City of .....

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

Registration District No. 382

File No.—For State Registrar Only

17504Registered No. 50  
(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 Evelyn Elizabeth Lesley If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 9, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME William Lawrence Lesley9. PRESENT POSTOFFICE OF FATHER Easley, S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 47  
(Years)12. BIRTHPLACE Pickens Co., S.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 7

## MOTHER.

14. NAME BEFORE MARRIAGE Elizabeth Larrick15. PRESENT POSTOFFICE OF MOTHER Easley, S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 34  
(Years)18. BIRTHPLACE Pickens Co., S.C.19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Pepper M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Easley, S.C. R#5.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 11, 1922 (28) J. R. W. 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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