

## (1) PLACE OF BIRTH

County of .....

Township of 2nd of John

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

Registration District No. 703

File No.—For State Registrar Only

37852Registered No. 78  
(For use of Local Registrar)(2) Full Name of Child Leopold Puckner

(if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH May 20 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Puckner

(9) PRESENT POSTOFFICE OF FATHER

(11) AGE AT LAST BIRTHDAY 26  
(Years)

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Puckner

(15) PRESENT POSTOFFICE OF MOTHER

Church Creek R. 24

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

laborer

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physic or Midwife

Given name added from a supplemental report

(18) Witness

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

(27) Filed May 27 1922(29) D. M. Barron 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.