

(1) PLACE OF BIRTH

County of Calhoun
Township of Verden
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. 1409

File No.—For State Registrar Only

383

Registered No. 81
(For use of Local Registrar)

(2) Full Name of Child Leah Ann

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth
To be answered only in event of Twins or Triplets		

(6) Are Parents Married? *yes*

1 - If child is not yet named, make supplemental report as directed.

DATE OF BIRTH Jan 16 44
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME W. L. Skimming

PRESENT POSTOFFICE OF FATHER *Walker trace SC*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *44*

112 BIRTHPLACE (Years)

(13) OCCUPATION

(20) Number of children born: 2

CERTIFICATE OF INTEREST

MOTHER

(14) NAME BEFORE MARRIAGE Janett Simee

(15) PRESENT POSTOFFICE OF MOTHER *Wallerboro, S.C.*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *40*

(18) BIRTHPLACE S. C. (Year) 1944

(19) OCCUPATION

Domestic

PHYSICIAN OR MIDWIFE:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated. 129

(23) (Signature) Willie Johnston (Born alive or still born) (Hour A. M. or P. M.)
(24) State whether Physician Physician

(24) State whether Physician or Midwife ☒ Physician ☐ Midwife

Given name added from a supplemental report

(20) Witnesses

.....
 (Signature of Witness necessary only
 when question 23 is signed by mark) *21*

(27) Filed March 10 1942 (28) J.R. Wright

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.