

(1) PLACE OF BIRTH

County of BeaufortTownship of 2ndInc. Town of Delphos(City of Delphos)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 306

File No.—For State Registrar Only

19999

Registered No. 433
(For use of Local Registrar)

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

(2) Full Name of Child Leanne Louise Savage

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age Parents Married <u>42</u>	(7) DATE OF BIRTH <u>July 10, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Edward Savage</u>			(14) NAME BEFORE MARRIAGE <u>Miss Rumph</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet, S.C.</u>	
COLOR OR RACE <u>White</u>			COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>45</u> (Year)	
BIRTHPLACE <u>Delphos, S.C.</u>			(16) BIRTHPLACE <u>Delphos, S.C.</u>	
OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Farmer</u>	
Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) Hour A. M. or P. M. 6:15 P. M.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Delphos, S.C.

(When name added from a supplemental report)

(26) Witness [Signature]

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

(27) Filed July 10, 1923

(28)

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.