

## 1. PLACE OF BIRTH

County of LexingtonTownship of Githenor  
Inc. Town ofCity of Leesville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3107

FILE No.—For State Registrar Only

44680Registered No.  
(For use of Local Registrar)

St.; Ward

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

2. Full Name of Child Arnell Hewitt

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

3. SEX OR  
SEXBoy4. Twin or  
TripletNo5. Number in order  
of birth16. Are  
twinsNo

7. DATE OF BIRTH

Oct. 13

(Name of Month) (Day) (Year)

1923

## FATHER

8. FULL  
NAMEKenna Black9. PRESENT  
POSTOFFICE  
OF FATHERLeesville10. COLOR  
OR  
RACEWhite11. AGE AT LAST  
BIRTHDAY29

(Years)

12. BIRTHPLACE

Lexington Co. S.C.

13. OCCUPATION

Farming20. Number of children born to  
mother, including present birth4

## MOTHER

14. NAME BEFORE  
MARRIAGEMaud Taylor15. PRESENT  
POSTOFFICE  
OF MOTHERLeesville S.C.16. COLOR  
OR  
RACEWhite17. AGE AT LAST  
BIRTHDAY34

(Years)

18. BIRTHPLACE

Lexington Co. S.C.

19. OCCUPATION

Farming21. Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was alive at 3 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

19. Registrar

27. Filed

19. 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.MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M.B.—In case of TWINS or TRIPLETS, use SEPARATE SLAKE FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
LAST NAMES PRINTED IN