

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Marlboro
 Township of Brownsville
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
43736

Registration District No. 3303

Registered No. 59
 (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 Leon Waters

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH... Oct 24 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME C. J. Mungen
 (9) PRESENT POSTOFFICE OF FATHER Brownsville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY... 29 (Years)
 (12) BIRTHPLACE Georgetown S.C.
 (13) OCCUPATION Public Work
 (20) Number of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE Lula Waters
 (15) PRESENT POSTOFFICE OF MOTHER Brownsville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY... 37 (Years)
 (18) BIRTHPLACE Marlboro Co.
 (19) OCCUPATION Farm Laborer
 (21) 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 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie Gallows
 (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)

Registrar

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.