

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—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.  
RECEIVED COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH,

County of Marion  
Township of Marion  
or  
Inc. Town of .....  
or  
City of Marion

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39344

Registration District No. 32A Registered No. 110  
(For use of Local Registrar)

(2) Full Name of Child Lusia West Oliver

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number of order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 23 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Leathman Lusia West Oliver  
(9) PRESENT POSTOFFICE OF FATHER Deceased  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Marion Co. S. C.  
(13) OCCUPATION Automobile Salesman  
(20) Number of children born to mother, including present birth 12

MOTHER.  
(14) NAME BEFORE MARRIAGE Lusia Laura Smith  
(15) PRESENT POSTOFFICE OF MOTHER Marion, S. C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Marion, S. C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Marion, S. C.

Given name added from a supplemental report

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

(27) Filed Dec. 10 1922 (28) Lena Moutgomery 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.