

(1) PLACE OF BIRTH

County of *Lynchburg*Township of *Gilbert*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *31.07*

File No.—For State Registrar Only

43517

Registered No. *92*
(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

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 23 1922</i> (Month) (Day) (Year)
----------------------------	--------------------------------	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME *Berley Leophardt*

(9) PRESENT POSTOFFICE OF FATHER *Gilbert S.C.*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *37*

(12) BIRTHPLACE *Lynchburg S.C.*

(13) OCCUPATION *Merchant & Farmer*

(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bella Taylor*

(15) PRESENT POSTOFFICE OF MOTHER *Gilbert S.C.*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *36*

(18) BIRTHPLACE *Lynchburg S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *D. W. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

19

Registrar

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

(27) Filed 19

(28) *R. O. Shaly*
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.

*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.