

## (1) PLACE OF BIRTH

County of Spartan  
 Township of Raeford Creek  
 or  
 Inc. Town of .....

# CERTIFICATE OF BIRTH

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

No. for State Register Only  
**12196**

Registration District No. 4106 Registered No. 23  
 (For use of Local Registrar)

City of ..... (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 Leanna Pea If child is not yet named, make supplemental report as directed

(3) SEX OR GWT Girl (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 23  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Ben Pea  
 (9) PRESENT POSTOFFICE OF FATHER Reinbert  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (12) BIRTHPLACE Spartan Co  
 (13) OCCUPATION Farm Laborer  
 (14) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Salina Amanda McLeod  
 (15) PRESENT POSTOFFICE OF MOTHER Reinbert  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (18) BIRTHPLACE Spartan Co  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Salina A. McLeod (23) Address of Physician or Midwife Reinbert Co  
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed April 23, 1923 (28) N. C. Harker 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.