

Form No. 3

## (1) PLACE OF BIRTH

County of FairfieldTownship of 3

or

Inc. Town of

or

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 Martha Leapp

File No.—For State Registrar Only

18514

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1012 Registered No. 12  
(For use of Local Registrar)(3) BOY OR GIRL? X (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 21, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wade Leapp(9) PRESENT POSTOFFICE OF FATHER Brother S. B.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE Fairfield - Pa(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Leapp(15) PRESENT POSTOFFICE OF MOTHER Brother S. B.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32  
(Year)(18) BIRTHPLACE Fairfield - Co.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sara Collins(24) State whether Physician or Midwife X (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)(27) Filed June 21, 1922 (28) W. E. DeHelm  
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.