

Form No. 1

## (1) PLACE OF BIRTH

County of A. S. C. V. ....Township of HammontonInc. Town of Berlin, JohnCity of Le

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

81

Registration District No. 2.0.5 Registered No. 3

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

(3) SEX <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 2</u> 19 <u>23</u> (Month of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <u>Milton Mims</u>	(14) NAME BEFORE MARRIAGE <u>Rochelle Belle Dumber</u>				
(9) PRESENT RESIDENCE OF FATHER <u>Augusta Ga R 3</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Augusta Ga R 3</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Aiken Co So Ca</u>			(18) BIRTHPLACE <u>Aiken Co So Ca</u>		
(13) OCCUPATION <u>farm laborer</u>			(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Jan. 2, 1923 at John, A. S. C. V.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis J. Porter(24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R 3(Given name added from a supplement-  
tal report)(26) Witness Mr. J. J. Brown  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan. 3, 1923 (28) J. M. Boston  
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.