

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Cedar Creek

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.)

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**49611**

Registration District No. 2802 Registered No. 4  
 (For use of Local Registrar)

(2) Full Name of Child. Carissime Leauthen { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl (4) Twin or Triplet? Y (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Jan 31  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Irvin Leauthen

(9) PRESENT POSTOFFICE OF FATHER P.O. Box 3 Heath Springs, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Lancaster S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Bell Baker

(15) PRESENT POSTOFFICE OF MOTHER P.O. Box 3 Heath Springs S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Lancaster S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. Perry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Heath Springs 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 181 (28) 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.

fifth month or pregnancy.