

Form No. 1

## (1) PLACE OF BIRTH

County of Marlboro,.....Township of Smithville,.....or  
Inc. Town of.....or  
City of.....

(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

18505

Registration District No. 2366, Registered No. 42.....  
(For use of Local Registrar)(2) Full Name of Child Mary Lecklar

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

3- <del>SON OR</del> GIRL?	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>Y</u>	7- DATE OF BIRTH <u>July 19, 1933</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8- FULL NAME <u>Colon Lecklar</u>			14- NAME BEFORE MARRIAGE <u>Ebbie Quick</u>	
9- PRESENT POSTOFFICE OF FATHER <u>Marion, N.C.</u>			15- PRESENT POSTOFFICE OF MOTHER <u>Marion, N.C.</u>	
10- COLOR OR RACE <u>Negro</u>	11- AGE AT LAST BIRTHDAY <u>40</u> (Years)	16- COLOR OR RACE <u>Negro</u>		
12- BIRTHPLACE <u>S.C.</u>		17- AGE AT LAST BIRTHDAY <u>40</u> (Years)		
13- OCCUPATION <u>Farmer</u>		18- BIRTHPLACE <u>S.C.</u>		
		19- OCCUPATION <u>House Work</u>		
20- Number of children born to mother, including present birth	11		21- Number of children of this mother now living, including present birth	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at P. A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. P. ...(24) ~~Address~~ whether Physician or Midwife

(25) Address of Physician or Midwife

Marion, N.C.(Given name added from a supplement-  
tal report)

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed July 19, 1933

(28)

W. H. Priest  
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.