

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Savannah

Inc. Town of

Registration District No. 3.11 Registered No. 21
(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 Leahon Halley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Halley(9) PRESENT POSTOFFICE OF FATHER Starve(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE Elberton Ga(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mae Moore(15) PRESENT POSTOFFICE OF MOTHER Starve(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE Elberton Ga(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6 a: M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Jamie Shiget
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Starve S.C. - R.F. 7

Given name added from a supplemental report

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

(26) Filed Feb 27 1923 (27) Local Registrar L. A. Jones

*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.

MARGIN RESERVED FOR BINDER.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

Bureau of Columbia, Columbia, S. C.