

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41929

County of Marlborough

Township of

Inc. Town of Marlborough

City of

Registration District No. 1.2.2Registered No. 142
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leila Mae Humphries (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robbie W. Humphries(14) NAME BEFORE MARRIAGE Mae Adams(9) PRESENT POSTOFFICE OF FATHER Marlborough(15) PRESENT POSTOFFICE OF MOTHER Marlborough(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Marlborough Co(18) BIRTHPLACE Marlborough Co(13) OCCUPATION clerk(19) OCCUPATION housewife(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Hollister(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Marlborough

Given name added from a supplemental report.

(26) Witness E. C. Early
(Signature of Witness necessary only when question 23 is signed by male)(27) Filed Dec 20, 1922 (28) E. C. Early Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.