

(1) PLACE OF BIRTH

County of Lynch Co.Township of Lynch Co.or
Inc. Town ofor
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

35382

Registration District No. Registered No.

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triple? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>31</u> <u>10</u> <u>22</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Morgan Leeson(9) PRESENT POSTOFFICE OF FATHER Batesburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Lynch Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Smith(15) PRESENT POSTOFFICE OF MOTHER Batesburg(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Aiken Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Wilson(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Batesburg 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 19 (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.

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