

## (1) PLACE OF BIRTH

County of *Orangeburg*  
Township of *Camden*

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. *29801*Registration District No. *2607* Registered No. *23*  
(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 Hagler Rush* If child is not yet named, make supplemental report as directed(3) SEX OF CHILD *girl* (4) Type or Trade *yes* (5) Number in order of birth *1* (6) Age *23* (7) DATE OF BIRTH *Sept 23, 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Lonnie Rush*(9) PRESENT RESIDENCE OF FATHER *Bowman S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *35*  
(Years)(12) BIRTHPLACE *Ortg la*(13) OCCUPATION *Harmer*(14) Number of children born to mother, including present birth *6*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Marie Hagler*(16) PRESENT RESIDENCE OF MOTHER *Bowman S.C.*(17) COLOR OR RACE *Negro* (18) AGE AT LAST BIRTHDAY *28*  
(Years)(19) BIRTHPLACE *Ortg la*(20) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* at *4 P. M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sigis Bowman*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Bowman S.C.*

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed *Oct 2, 1923* (28) *Dr. H. H. ...*

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.