

(1) PLACE OF BIRTH

County of AikenTownship of Beggsor
Inc. Town ofor
City of Langley S.C.

(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

17375

Registration District No. Registered No. 54

(For use of Local Registrar)

2) Full Name of Child Albert Lester Leopold { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carnest Leopold(9) PRESENT POSTOFFICE OF FATHER Langley(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Aiken CO(13) OCCUPATION cotton mill

(14) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Beard(15) PRESENT POSTOFFICE OF MOTHER Langley(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Aiken CO(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 o'clock P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Graniteville S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Newnetta Birt

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 1, 1922 (28) L. W. Spradley
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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