

Form No. 1

## (1) PLACE OF BIRTH

County of Aiken.....Township of Langley....or  
Inc. Town of.....or  
City of Langley S.C.

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

(2) Full Name of Child Edward Leaster

File No.—for State Registrar Only

31434

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-1-7-ARegistered No. 153....  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>—</u> To be approved only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Feb 23 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W. B. Leaster

(9) PRESENT RESIDENCE OF FATHER Langley S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Aiken S.C.

(13) OCCUPATION Cotton Mill Oper

(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mildred Williams

(15) PRESENT RESIDENCE OF MOTHER Langley S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Aiken S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive .... at 7 ... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Walter Stephens

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

MidwifeWarrenville S.C.

Given name added from a supplemental report

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

(26) Filed Dec 1 1923(27) 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.

WRITES 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 1.