

(1) PLACE OF BIRTH

County of Sumter
 Township of Chondal

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2596

Inc. Town of Registration District No. 4105 Registered No. 3
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, Perry Leopus If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2 1922</u> <small>(Month of Month) (Day) (Year)</small>
(8) FULL NAME <u>Robert Leopus</u>			MOTHER	
(9) PRESENT POSTOFFICE OF FATHER <u>Darzell S.C.</u>			(14) NAME BEFORE MARRIAGE <u>Sola Jefferson</u>	
(10) COLOR <u>Colored</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darzell S.C.</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>			(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>S.C.</u>	
(19) Number of children born to mother, including present birth <u>4</u>			(20) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10-0 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia P. Parker
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Darzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Emma Bunkette
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 1st 1922 (28) J.B. Caffield
 Registrar 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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