

11 (1) PLACE OF BIRTH

Inc. Town of.....

City of

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

(2) Full Name of Child: Mark W. Leland

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

2) BOY OR GIRL? <i>Girl</i>	4) Twin or Triplet? <i>No</i>	5) Number in order of birth <i>1</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>10-2-53</i>
To be answered only in event of Twin or Triplet (Month of Birth) (Day) (Year)				

FATHER

(8) FULL NAME Wesley Webb and

(9) PRESENT POSTOFFICE OF FATHER Spent, Ga

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Spent to Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother. (Indicate youngest first) Four

MOTHER.

(14) NAME BEFORE MARRIAGE Jesse Lusk.

(15) PRESENT POSTOFFICE OF MOTHER Banta S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35

(18) BIRTHPLACE Banta S.C.

(19) OCCUPATION Ship Repairman

(21) Number of children of the mother now living, including subject 3

CERTIFICATE OF ATTENDING PHYSICIAN OR NURSE:

(22) I hereby certify that I attended the birth of this child who was at M.
on the date above stated. (Still alive or stillborn) (Sex: A. M. or P. M.)

(28) (Signature) [Signature]
(24) State whether Physician or Nurse Physician Address of Physician or Nurse 1000 1st St. N. W. Washington, D. C.

(Given name added from a supplement-
tal report)

..... 19

..... Registrar

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

(27) Filed 9/14 1952 (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.