

## (1) PLACE OF BIRTH

County of Potter  
 Township of Early  
 or  
 Inc. Town of .....  
 or  
 City of .....

(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

No. 1a.—For State Registrar Only  
20803

Registration District No. 3702..... Registered No. 65.....  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 5-23</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Robert B. Lesley</u>			(9) FULL NAME OF MOTHER <u>Addie Jennings</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Early N. 2</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Early N. 2</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(16) BIRTHPLACE <u>Potter</u>		(17) BIRTHPLACE <u>Anderson</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lesley, S. C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Lesley, S. C.

(Given name added from a supplemental report)

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 3, 1933 (28) F. F. V. 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.

AS A CRIME OCCURS OVER CHILD, IT MUST NOT BE REPORTED AS STILLBORN OR REPORTED before the fifth month of pregnancy.