

Form No. 3

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of X 9  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3748

Registration District No. 1908 Registered No. 11  
 (For use of Local Registrar)

(No. .... St. .... Ward) d)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

3) BOY OR GIRL Boy 4) Twin or Triplet X 5) Number in order of birth 7 6) Are Parents Married yes 7) DATE OF BIRTH Feb 22, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Hermon Lepeland  
 9) PRESENT POSTOFFICE OF FATHER Priory S C

10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 36 (Years)

12) BIRTHPLACE Fairfield Co SS

13) OCCUPATION farm laborer

## MOTHER.

14) NAME BEFORE MARRIAGE Essie Martin

15) PRESENT POSTOFFICE OF MOTHER Priory S C

16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 29 (Years)

18) BIRTHPLACE Fairfield Co SS

19) OCCUPATION Farm laborer

20) Number of children born to mother, including present birth 7 21) 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 born alive 1923 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Belle  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Priory

When name added from a supplemental report

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

(27) Filed Feb 27, 1923 (28) De Ruff 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.