

(1) PLACE OF BIRTH

County of LynchburgTownship of Levyor
Inc. Town ofor
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

File No.—for State Registrar Only

30486

Registration District No. 4302Registered No. 446

(For use of Local Registrar)

(2) Full Name of Child

Barbara M. O'Leary

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

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept 15 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel V. McHenry

(9) PRESENT POSTOFFICE OF FATHER

Levy

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Levy

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Edith McHenry

(15) PRESENT POSTOFFICE OF MOTHER

Levy

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Levy

(19) OCCUPATION

Farmer

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

2

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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 16 1923

(28) Local Registrar

19..... 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.