

(1) PLACE OF BIRTH

County of Ashleyville
 Township of Donalds
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
26

Registration District No. 105 Registered No. 7
 (For use of Local Registrar)

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

(2) Full Name of Child Wuth Leeone Moore If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD (4) Twin or Triplet (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 24, 28
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>M. J. Folsom</u>	(14) NAME BEFORE MARRIAGE <u>Martha Folsom</u>	(10) PRESENT RESIDENCE OF FATHER <u>Belton SC</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Donalds SC</u>
(12) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>35</u>	(10) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>20</u>
(14) BIRTHPLACE <u>Belton SC</u>	(18) BIRTHPLACE <u>Belton SC</u>	(10) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gosia A. Folsom
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Donalds SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 16 19 28 (28) Swine Humphreys 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.

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.