

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Private

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

37815

Registration District No. 41.04 Registered No. 123.....  
(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 Infant M. Lead If child is not yet named, make supplemental report as directed(3) SEX Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 23 (7) DATE OF BIRTH Nov 23 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Archie M. Lead(9) PRESENT POSTOFFICE OF FATHER Lindale S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Sumter Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Poole(15) PRESENT POSTOFFICE OF MOTHER Lindale S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Sumter Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Archie M. Lead(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lindale S.C.

Given name added from a supplemental report

(26) Witness Thos. Brogan

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

(27) Filed Nov 23 1923(28) Local Registrar Janus P. Brogan

When there was no attending physician or midwife, then the father, household, 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.