

(1) PLACE OF BIRTH

County of

Township of

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

File No. — For State Registrar Only

73884

Registration District No. 3207

Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child

Veena Sylvana Lehto

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Victor Lehto

(9) PRESENT POSTOFFICE OF FATHER

Marion Se

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Finland

(13) OCCUPATION

Labor

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mena Lehto

(15) PRESENT POSTOFFICE OF MOTHER

Marion Se

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Finland

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

M. L. Larson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Marion Se

Given name added from a supplemental report

....., 191.....

.....
Registrar

(26) Witness

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

(27) Filed Aug 25, 1916.

(28)

B. F. Dill

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 BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCaw, of Columbia.