

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Greenwood  
Township of .....  
or  
Inc. Town of Ninety Six  
or  
City of .....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 2310

23 046612

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2258

Registered No. ....  
(For use of Local Registrar)

2. FULL NAME OF CHILD

Leroy Faulkner

3. Boy or Girl Boy 4. Twins, triplets or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Are Parents Married? ✓ 8. Date of birth Sept 16, 1923  
(Month, day, year)

9. Full name Percy Thomas Faulkner  
FATHER

18. Name before marriage Mary Jane Arnold  
MOTHER

10. Residence (mailing address) Greenwood, Ninety Six, S.C.  
(If non-resident, give place and State)

19. Residence (mailing address) Greenwood, S.C.  
(If non-resident, give place and State)

11. Color or race W 12. Age at child's birth 30 (years)

20. Color or race W 21. Age at child's birth 29 (years)

13. Birthplace (city or place) Edgfield, S.C.  
(State or country)

22. Birthplace (city or place) Greenwood, S.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 96 Cotton mill

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Dead

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Septiles

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year last) engaged in this work ..... 17. Total time (years) spent in this work .....  
19.....

25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work .....  
19.....

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, months weeks 29. Cause of stillbirth .....  
period of gestation ..... Before labor .....  
During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 12 P m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mary Arnold Faulkner, Parent  
or ..... Guardian

Given name added from a supplementary report .....  
(Date of) .....

Address .....  
Filed Jan 18, 1941 Mrs. J. F. Duckert Registrar.

Registrar.