

## (1) PLACE OF BIRTH

County of ChesterTownship of Halschville

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

67698

Registration District No. 11.0.4. Registered No. 7.9

(For use of Local Registrar)

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

Full Name of Child Lettie Marion Land

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

Sex Girl (5) Number in order of birth 8(6) Age few Months(7) DATE OF BIRTH July 24, 1914

(Name of Month) (Day) (Year)

## FATHER.

Wade LandLeeds P.C.Color Black AGE AT LAST BIRTHDAY 40 (Years)BIRTHPLACE Chester CoOCCUPATION FarmingNumber of children born to 8 including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Boulman(15) PRESENT POSTOFFICE OF MOTHER Leeds P.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Angeline Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeLeeds P.C.

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 7, 1914 (28) N. T. McDaniel 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.