

(1) PLACE OF BIRTH

County of MustangTownship of J. B.or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16742

Registration District No. 4022Registered No. 33  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Leslie B Pettit If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Triplet (5) Number in order of birth #1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Broader Pettit(9) PRESENT POSTOFFICE OF FATHER Norm 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE 12(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Emper(15) PRESENT POSTOFFICE OF MOTHER Norm 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE 22(19) OCCUPATION Dom(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. M. M. M. at 7 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. D. Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 95Given name added from a supplemental report  
D. Woodward, M. D.  
Assistant State Registrar

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

(27) Filed May 15 1922 (28) Mrs. J. C. White 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.

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