

(1) PLACE OF BIRTH

County of Ames
 Township of Ames
 Inc. Town of
 City of

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

Registration District No. 3504No. 42006 - For State Registrar OnlyRegistered No. 163
(For use of Local Registrar)

(2) Full Name of Child Leana Junior Land
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

1) BOY OR GIRL Girl 2) Twin or Triplet No 3) Date in Year of Birth 10/12/23 4) Age Parents Married yes 5) DATE OF BIRTH 10/12/23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME T. L. Land(7) PRESENT POSTOFFICE OF FATHER Ames SC(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 31 (Year)(10) BIRTHPLACE SC(11) OCCUPATION Laborer(12) Number of children born to mother, including present birth 12MOTHER.
(13) NAME BEFORE MARRIAGE Maebel Palmer(14) PRESENT POSTOFFICE OF MOTHER Ames SC(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 24 (Year)(17) BIRTHPLACE SC(18) OCCUPATION House wife(19) Number of children of this mother now living, including present birth 12

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

(21) (Signature) W. C. Reed
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Ames SC

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(25) Filed 11/15/23 (26) W. C. Reed 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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