

(1) PLACE OF BIRTH

County of Sumner
Township of Sumner
of
Inc. Town of
of
City of

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

No. 42006
No. 42006 - For State Registrar Only

Registration District No. 3504 Registered 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) SEX OR CHILD Girl (2) Type or Triple Single (3) Year in Year of Birth 1923 (4) Are Parents Married yes (5) DATE OF BIRTH 10/12/23
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME T. L. Land
(7) PRESENT RESIDENCE OF FATHER Sumner SC
(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 31 (Year)
(10) BIRTHPLACE SC
(11) OCCUPATION Laborer

MOTHER.
(12) NAME BEFORE MARRIAGE Maebel Palmer
(13) PRESENT RESIDENCE OF MOTHER Sumner SC
(14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 24 (Year)
(16) BIRTHPLACE SC
(17) OCCUPATION House wife

(18) Number of children born to mother, including present birth 12
(19) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11:30

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

Given name added from a supplemental report
(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed 11/16/23 (26) W. C. Reed Legal 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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THIS IS THE ONLY FORM ON WHICH THE STATE BOARD OF HEALTH HAS AUTHORITY TO MAKE BLANKS FOR EACH CHILD. NO OTHER FORMS ARE TO BE USED.