

(1) PLACE OF BIRTH
County of Leicester
Township of Leicester
or
Inc. Town of Leicester
or
City of Leicester
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. 43126 For State Registrar Only

Registration District No. 28A Registered No. 77
(For use of Local Registrar)
(No. St. Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child.

(3) BOY Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Arkney</u>	(14) NAME BEFORE MARRIAGE <u>Lucie Beckham</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Leicester, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leicester</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Leicester Co</u>	(18) BIRTHPLACE <u>Richmond Co</u>	(13) OCCUPATION <u>Lineman</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miss Montgomery
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leicester

Given name added from a supplemental report

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

(27) File 28A-1912 (28) 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.

*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.