

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Landsfordor
Inc. Town ofor
City of

(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.—For State Registrar Only

41573

Registration District No. 1105 Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child

Virginia Leason

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

9

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec 8 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Leason

(9) PRESENT POSTOFFICE OF FATHER

Catawba SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Landsford SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Walter Leason

(15) PRESENT POSTOFFICE OF MOTHER

Landsford SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Landsford

(19) OCCUPATION

Help on Farmer

(21) Number of children of this mother now living, including present birth

37

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Elvina Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Catawba SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 20 1922 (28) R. H. Dwyer

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.

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.