

(1) PLACE OF BIRTH

County of Anderson
 Township of Cantonville

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

File No. — for State Register Only
31585

Registration District No. 313 Registered No. 121
 (For use of Local Registrar)
 Mr. Town of (No. 104 Beta St.) Ward)
 of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 City of
 (2) Full Name of Child Rufus Ford Lebeck .. | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Total Lebeck (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME R C Lebeck
 (9) PRESENT POSTOFFICE OF FATHER Anderson
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Rogers Co Ga
 (13) OCCUPATION Leif Till
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Lussie LeBray
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Franklin Co Ga
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born June 22 1923 at Anderson (House or P. M.)
 on the date above stated.
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by a physician)
 (27) Filed 191 (28) ANDERSON 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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