

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of Jacksonvilleor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42698

Registration District No. 2109ARegistered No. 549

(For use of Local Registrar)

(No. 11-34 Am St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Esther Samuel{ If child is not yet named, make
supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12 30 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME L. G. Leal(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE WC(13) OCCUPATION Light work(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Bruce(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Mackey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report.

(26) Witness

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

John S. S. S.

(27)

Local Registrar.