

(1) PLACE OF BIRTH

County of MarionTownship of Reavesor
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

Registration District No. 3705 Registered No. 58

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Bicars Leonard

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER

8) FULL NAME Bicars Leonard9) PRESENT POSTOFFICE OF FATHER Mullins10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 27
(Year)12) BIRTHPLACE Marion Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

MOTHER

14) NAME BEFORE MARRIAGE Salie Godbold15) PRESENT POSTOFFICE OF MOTHER Mullins16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 24
(Year)18) BIRTHPLACE Marion Co.19) OCCUPATION Housework & Farmwork21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Owens(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(26) Witness D. M. Wheeler
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1922 (28) D. M. Wheeler
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.