

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH
Lexington,
County of
Township of **Gilbert Hollow**
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
43524

Registration District No. **3107**... Registered No. **111**.....
(For use of Local Registrar)

(No. 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

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 case of Twins or Triplets	(5) Number in order of birth 5	(6) Are Parents Married? Yes.	(7) DATE OF BIRTH Nov 5 22 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Earnest Leapheart,			(14) NAME BEFORE MARRIAGE Lizzie Grant,	
(9) PRESENT POSTOFFICE OF FATHER Gilbert, S.C.			(15) PRESENT POSTOFFICE OF MOTHER Gilbert, S.C.	
(10) COLOR OR RACE Col	(11) AGE AT LAST BIRTHDAY 30 (Years)	(17) AGE AT LAST BIRTHDAY 27 (Years)		
(12) BIRTHPLACE S.C.		(16) COLOR OR RACE Col		
(13) OCCUPATION Farmer,		(18) BIRTHPLACE S.C.		
		(19) OCCUPATION Domestic		
(20) Number of children born to mother, including present birth 5		(21) 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 **Alive** **2** **30** P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **P. A. Smith, M.D.**
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Gilbert, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) **R. O. Shealy** 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.