

(1) PLACE OF BIRTH

County of ChesterfieldTownship of Cole Hillor
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

51702

Registration District No. 1202 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Walker Lee Cassidy

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 3</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME <u>P. C. Cassidy</u>	(14) NAME BEFORE MARRIAGE <u>Minerva M. Lean</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Patrick S. C. R. #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Patrick S. C. R. #2</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Chesterfield Co.</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>
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(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Chesterfield Co.</u>
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(20) Number of children born to mother, including present birth <u>7</u>	(19) OCCUPATION <u>House wife</u>
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(21) Number of children of this mother now living, including present birth <u>5</u>	(22) I hereby certify that I attended the birth of this child who was born alive at <u>5:15</u> P. M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>
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(23) (Signature) <u>Francis M. Lean</u>	(24) State whether Physician or Midwife <u>Parant of Patrick S. C. R. #2</u>
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(25) Witness <u>Armi V. Davis</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>	(26) Address of Physician or Midwife
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(27) Filled <u>191</u>	(28) Local Registrar
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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.

SEALING REQUIRED FOR BIRTH RECORDS.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark No. 1, 2, etc., in question 5.
McGraw, of Columbia.