

HAVE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question.

## (1) PLACE OF BIRTH

County of Lee  
Township of Lynchburg  
or  
Inc. Town of   
or  
City of

(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 Leslie Brown

File No.—For State Registrar Only

31041

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3002 Registered No. ....  
(For use of Local Registrar)(3) BOY OR GIRL? Boy(4) Twin or Triplet?  
*To be inserted only in event of Twins or Triplets*

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Sept. 8, 1922  
(Name/Month) (Day) (Year)

## FATHER.

(8) FULL NAME G. Leslie Brown(9) PRESENT POSTOFFICE OF FATHER Cartersville, Ga.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Lee Co. S. C.(13) OCCUPATION Public work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jefferson(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, Ga.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Lee Co. S. C.(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

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

19 ....  
Registrar(27) Filed 9/10/22 (28) J. F. McDonald Local RegistrarWhen 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.