

(1) PLACE OF BIRTH

County of Florence

Township of North

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution give name of same instead of town and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 209

28316

Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child

Leila M. McCreary

(3) SEX Female (4) Type Full (5) Number in order of birth 1 (6) DATE OF BIRTH 9-1-23

FATHER  
(7) FULL NAME Joseph Lee

(8) RESIDENT ADDRESS OF FATHER Beaufort S.C.

(9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 33

(11) BIRTHPLACE Florence County S.C.

(12) OCCUPATION Laborer

(13) Number of children born to mother, including present birth 3

MOTHER  
(14) FULL NAME Helena Gardiner

(15) RESIDENT ADDRESS OF MOTHER Beaufort S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25

(18) BIRTHPLACE Florence County S.C.

(19) OCCUPATION Laborer

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was White on the date above stated. (Date of birth) (Day, Month, or P. M.)

(22) (Signature) Midwife (23) Address of Physician or Midwife Beaufort S.C.

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness (Signature of witness necessary only when question 24 is signed "No")

(26) Date 9-1-23 (27) Registrar R. C. Carter

before the fifth month of pregnancy.