

(1) PLACE OF BIRTH

County of Marion S.C.

Township of

or

Inc. Town of

or

City of Marion S.C. (No. St.; Ward)
(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

35494

Registration District No. 379 Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet?
To be answered only in event of Twins or Triplets(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 3, 1922
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr. Morris Leuchter

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Marion S.C.

(13) OCCUPATION

Truck Driver

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Spencer

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Terre Haute, Ind.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 10 1922

(28)

Leuchter to Mayor
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.