

## (1) PLACE OF BIRTH

County of Marion S.C.

Township of .....

or

Inc. Town of .....

or

City of Marion S.C.

(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? No (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. Marion Leuchter(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Year)(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 G. Leuchter(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE Perquimans(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) Myers(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion 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 Nov 10, 1922 (28) Local Registrar Leuchter

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.