

(1) PLACE OF BIRTH

County of GuineaTownship of Beale

In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2901Registered No. 82
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX OF CHILD Bo (4) Type or Figure To be reported only in case of Twins or Triplets (5) Number in order of birth 1st (6) Age of Child at Birth 4-23 (7) DATE OF BIRTH (Month) (Day) (Year) April 23FATHER.
(8) FULL NAME Henry Lebron
(9) PRESENT RESIDENCE OF FATHER Gray Court
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 26 (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION FarmerMOTHER.
(14) NAME BEFORE MARRIAGE Lucie Hallad
(15) PRESENT RESIDENCE OF MOTHER Gray Court
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 24 (Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White on the date above stated. (Sex Male or Female)(23) (Signature) W. T. Jones
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed "male")
(27) Filed Sept 8 23 (28) Registrar A. S. Mehon

When there was no attending physician or midwife, then the father, husband, or mother, if a child breathes even once, it must not be reported as premature. It must be reported before the birth month of pregnancy.