

\* By Court Order Hld 5-12-83. \* Leola Mc Mullen

Form No. 1

(1) PLACE OF BIRTH

County of Leheston  
Township of Lansdowne  
OR  
Inc. Town of .....  
OR  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

9868

Registration District No. 1185 Registered No. 58  
(For use of Local Registrar)

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 Ester M. P. P. P. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH May 31, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles M. P. P.  
(9) PRESENT POSTOFFICE OF FATHER Lansdowne S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Lansdowne S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ester Leason  
(15) PRESENT POSTOFFICE OF MOTHER Fair Lawn S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Lansdowne S.C.  
(19) OCCUPATION —

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. P. P. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife —

Given name added from a supplemental report

COA 18, 045  
Filed 5-31, 1923  
Registrar

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

(27) Filed April 7, 1923 (28) R. H. P. P. 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.

0180

SEALING REMOVED—THIS FORM IS NOT VALID. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MCGRAW OF COLUMBIA, COLUMBIA, S. C.