

* By Court Order dtd 5-12-83. * Leola McMullen

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Leheston
Township of Lan. dsford
OR
Inc. Town of.....
OR
City of.....

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

9868

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

(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. Pender 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
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Charles W. Pender

(14) NAME BEFORE MARRIAGE Easter Leusan

(9) PRESENT POSTOFFICE OF FATHER Catawba S.C.

(15) PRESENT POSTOFFICE OF MOTHER Fair Lawn S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35-1
(Years)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Lan dsford S.C.

(18) BIRTHPLACE

(13) OCCUPATION Farmer

(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. Leanna Fudwick
(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. Fudwig 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

DEARER REMEMBER TO BE VERIFIED. WRITE PLAINLY, WITH UNFADING INK. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. REGISTRY OF COLUMBIA, COLUMBIA, S. C.