

(1) PLACE OF BIRTH

County of A. D. BevilleTownship of Wagon Mound

OR

Inc. Town of

OR

City of

(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

28478

Registration District No. 10.9Registered No. 77

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Leach Vess

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 17, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Leach

(9) PRESENT POSTOFFICE OF FATHER

Wagon Mound Falls, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

A. D. Beville Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Maude Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Wagon Mound Falls, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

A. D. Beville Co

(19) OCCUPATION

Domestic

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. L. L. Lenoir

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeWagon Mound Falls

Give a name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 23, 22

(28)

F. L. Lenoir

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.