

MARGIN RESERVED FOR FINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

MADE IN COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Christiansburg
 Township of Re. Hill
 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

10584

Registration District No. 12 P. 8

Registered No.
 (For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Leola Gertrude Leroull

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Jan. 6 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Lehas Leroull
 (9) PRESENT POSTOFFICE OF FATHER Society Hill, R. 3
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Leroull
 (15) PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Godfrey
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill, R. 3

Given name added from a supplemental report

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

(27) Filed 19 (28) Mary Godfrey 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.