

MARGIN RESERVED FOR BINDING.

WHITE PLAINS. 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.

RECEIVED BY COLUMBIA, COLUMBIA, S.C.

## (1) PLACE OF BIRTH

County of Cherokee  
Township of Linn  
Inc. Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Gaffney

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

(2) Full Name of Child Marcel Ledford

File No.—For State Registrar Only

3530

Registration District No. 10a Registered No. 34

(For use of Local Registrar)

(No. 648 West St.; \_\_\_\_\_ Ward)  
(If child is not yet named, make supplemental report as directed)

(3) <u>SON</u> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>4</u> yrs.	<u>Jan 1</u> 19 <u>22</u> (Time of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Dock Alvin Ledford</u>			(14) NAME BEFORE MARRIAGE <u>Lula Belle Liles</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u>			(17) AGE AT LAST BIRTHDAY <u>29</u>	
(12) BIRTHPLACE <u>Shelby, N.C.</u>			(18) BIRTHPLACE <u>Wilmer, Ark.</u>	
(13) OCCUPATION <u>Machinist</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:40 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. M. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report.

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

(27) Filed Nov 11 1922 (28) N. F. Smith  
Registrar 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.

\*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.