

(1) PLACE OF BIRTH

County of Marion
Township of Peavess
or
In Town of Peavess
or
City of Peavess

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29266

Registration District No. 3105

Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child

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

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

3 SEX
Male

4 Twin or Triplet?
To be answered only in event of Twins or Triplets

5 Number in order of birth

6 Age at birth
4 yrs.

7 DATE OF BIRTH
Apr 9 1913
(Name) (Month) (Day) (Year)

FATHER

8 FULL NAME
Harvey Leonard

9 PRESENT POSTOFFICE OF FATHER
Mullins

10 COLOR OR RACE
B

11 BIRTHPLACE
Marion Co

12 OCCUPATION
Farmer

13 Number of children born to mother, including present birth
5

MOTHER

14 NAME BEFORE MARRIAGE
Anna Helquist

15 PRESENT POSTOFFICE OF MOTHER
Mullins

16 COLOR OR RACE
B

17 BIRTHPLACE
Marion Co.

18 OCCUPATION
Housewife

19 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

20 I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated.
(born alive or stillborn) (Hour) (M. or P.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife
Mullins

(26) Witness (Signature of Witness necessary when question 23 is signed by a midwife)

May 3 1913
(27) Filed (28) Local Registrar

Give name added from a supplemental report

*When the attending physician or midwife, then the father, householder, etc., should make this report. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.