

(1) PLACE OF BIRTH

County of

Township of

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

Registration District No. 34

File No. - For State Registrar Only

37078

Registered No. 732

(For use of Local Registrar)

(2) Full Name of Child

Lela Marie

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

7/16/27

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Leonard Ware

(14) NAME BEFORE MARRIAGE

Lizzette Gilliam

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

33

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

33

(12) BIRTHPLACE

G.C.

(18) BIRTHPLACE

A.C.

(13) OCCUPATION

Hacker Driver

(19) OCCUPATION

Domestic

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

6

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON

(27) Filed

(28)

ANDERSON, S. C.

State 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 sixth month of pregnancy.

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