

Form No. 1

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlington

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. 3413 Registered No. 1345

(For use of Local Registrar)

(2) Full Name of Child Martha Leese

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
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Oct. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isiah Leese(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Darlington, Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leathy Cheevers(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Darlington, Co.(19) OCCUPATION Farm Help(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Allen(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Darlington, S.C.Given name added from a supplemental report 8/10/24
L. R.

(26) Witness

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

(27) Filed Oct. 20, 1922 (28) A. L. Fairer 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.

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.

Bureau of Columbia, Columbia, S. C.