

(1) PLACE OF BIRTH

County of Lexington
 Township of Black Creek
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 41496
 (For use of Local Registrar Only)

Registration District No. 3100 Registered No. 51
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3 SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Age 2 (7) DATE OF BIRTH Dec 10 1923
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER
 8 FULL NAME Chief Landy
 9 PRESENT POSTOFFICE OF FATHER Stamman
 10 COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
 12 BIRTHPLACE Pike
 13 OCCUPATION Farmer
 20 Number of children born to mother, including present birth 2

MOTHER
 14 NAME BEFORE MARRIAGE Leticia Rely
 15 PRESENT POSTOFFICE OF MOTHER Wynnes
 16 COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
 18 BIRTHPLACE Pike
 19 OCCUPATION Housewife
 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 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leticia Rely
 (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 mark)

(27) Filed Dec 10 1923 (28) G. V. Gantt
 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 PLACING THIS CERTIFICATE IN THE REGISTRY, THE REGISTRAR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE SAME. IN THE EVENT OF THE DEATH OF THE REGISTRAR, THE REGISTRAR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE SAME. IN THE EVENT OF THE DEATH OF THE REGISTRAR, THE REGISTRAR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE SAME.