

WRITE PLAINLY, 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.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Irish Creek
 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

File No. For State Registrar Only
35136

Registration District No. 2804 Registered No. 172
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Y</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Sept 18 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Homer E. Leale</u>			(14) NAME BEFORE MARRIAGE <u>Nellie Vanders</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>Athens Ga</u>			(18) BIRTHPLACE <u>Lancaster SC</u>	
(13) OCCUPATION <u>Barber</u>			(19) OCCUPATION <u>mil</u>	
(20) Number of children born to mother, including present birth <u>1</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 8 P. M., on the date above stated. (Born alive or stillborn) (Hour or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife mid

(25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

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

(27) Filed Oct 4 1922 (28) [Signature] 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.

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