

(1) PLACE OF BIRTH

County of Greenville  
Township of Oak Lawn

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**56097**Inc. Town of ..... Registration District No. 2212 Registered No. 21  
(For use of Local Registrar)  
City of ..... 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 Lillian ..... } If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL? <input checked="" type="checkbox"/>	(6) Twin or Triplet? <input type="checkbox"/> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>13</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>April 5</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>R. D. Leaker</u>	(14) NAME BEFORE MARRIAGE <u>Anna Leampton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Relger S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Relger S C</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>45</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S C</u>		(18) BIRTHPLACE <u>S C</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>13</u>		(21) Number of children of this mother now living, including present birth <u>12</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... at .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ..... W. A. Ross M.D.  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Relger S CGiven name added from a supplemental report  
....., 191.....(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 19114. (28) W. A. Ross  
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.

McCaw, of Columbia.  
 M. R.—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.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 REVENUE RECEIVED FOR BINDING.