

MARGIN RESERVE FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spokane  
 Township of Wahkan  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**32395**

Registration District No. 4010 Registered No. 43  
 (For use of Local Registrar)  
 (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 Leo Hatchett West

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>Twin</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 10 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Harvey West</u>	14) NAME BEFORE MARRIAGE <u>Marion Sanford</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Mon 2</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Mon 2</u>			
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
12) BIRTHPLACE <u>2 C</u>	18) BIRTHPLACE <u>2 C</u>			
13) OCCUPATION <u>farmer</u>	19) OCCUPATION <u>Idm</u>			
20) Number of children born to mother, including present birth <u>2</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 born alive at 12:30 P.M. on the date above stated.  
 (23) (Signature) D. J. Smith  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife 788

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 14 1922 (28) Leo Hatchett 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.