

5-19-42

22 050040

1. PLACE OF BIRTH

County of Wm. BurgTownship of Hayor
Inc. Town of _____City of Greenville S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4301

FILE No.—For State Registrar Only

04978

Registered No. _____
(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 number2. FULL NAME OF CHILD Alberta Leckler { If child is not yet named, make supplemental report as directed.3. ~~Sex~~ or Girl If Plural births 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date of birth Dec 15, 1922 (Month, day, year)9. Full name Charley Clayton Leckler FATHER 18. Name before marriage Kingie Lee Leckler MOTHER10. Residence (mailing address) (If non-resident, give place and State) Greenville S.C. 19. Residence (mailing address) (If non-resident, give place and State) Greenville S.C.11. Color or race W 12. Age at child's birth 28 (years) 20. Color or race W 21. Age at child's birth 25 (years)13. Birthplace (city or place) (State or country) Clermont S.C. 22. Birthplace (city or place) (State or country) Dummetts S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Home Keeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 2027. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead none (c) Stillborn _____

28. If stillborn, period of gestation _____ (months weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born at 12 O'clock on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L. L. Leckler, Parent

or _____, Guardian

Given name added from a supplementary report _____ (Date of) _____

Address _____
Filed June 12, 1942 M. B. Woodruff
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)