

(1) PLACE OF BIRTH

County of Marion

Township of

Inc. Town of

City of Marion

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alex M. Leod Libard

File No.—For State Registrar Only

21809

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 32A Registered No. 52
(For use of Local Registrar)

(3) SEX OF CHILD (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(8) FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (12) BIRTHPLACE (13) OCCUPATION

(14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (18) BIRTHPLACE (19) OCCUPATION

(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

(22) I hereby certify that I attended the birth of this child, who was ... at ... M., on the date above stated.

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed (28) Local Registrar

(29) 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.