

MARGIN RESERVED FOR BINDING.
 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 1.
 BEGON OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Washoe Co.
 Township of
 OR
 Inc. Town of
 OR
 City of HEMLOCK (No. St.; Ward)
 (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
35086

Registration District No. 8704 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Leslie Bush (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 19, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Jim Bush</u>			(14) NAME BEFORE MARRIAGE <u>Jann Mitchell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Langley, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Langley, S.C.</u>	
(10) COLOR OR RACE <u>Color</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>13</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)	
(12) BIRTHPLACE <u>Richmond, Va.</u>			(18) BIRTHPLACE <u>Washoe Co., Va.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 M. on the date above stated.
 (Born alive or ~~dead~~) (Hour, M. or P. M.)

(23) (Signature) Mary Woods
 (24) State whether Physician or Midwife
Midwife
 (25) Address of Physician or Midwife
Blair St.

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
Oct 21, 1922
 (27) John H. Lusk 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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