

Form No. 1.

(1) PLACE OF BIRTH

County of DorchesterTownship of Libertyor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

991

Registration District No. 1806Registered No. 26
(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 Leahy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL GIRL

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 6 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Barney Williams(9) PRESENT POSTOFFICE OF FATHER Lakewood(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Dodderidge Co.(13) OCCUPATION Farmer Laborer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Mattie Arthur(15) PRESENT POSTOFFICE OF MOTHER Lakewood(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Dodderidge Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leahy

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

Given name added from a supplemental report

(26) Witness M. L. Jones

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

(27) Filed Jan 1922(28) R. M. Jones

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.

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

Mother of Columbia, Columbia, S. C.