

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHERS, No. 2, etc. in question 6.
 REGISTRY OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2721

County of *Williamsburg*
Township of *Deer*
or
Inc. Town of
or
City of (No. St.; Ward)

Registration District No. Registered No. *8*
(For use of Local Registrar)

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

(2) Full Name of Child *Leroy Peques*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? *no* (7) DATE OF BIRTH *Jan 29th 1922*
(Subs of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Peques*

(9) PRESENT POSTOFFICE OF FATHER *Lanes, S. C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY... *32*
(Year)

(12) BIRTHPLACE *Williamsburg co. S. C.*

(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Victoria Wilson*

(15) PRESENT POSTOFFICE OF MOTHER *Lanes, S. C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY... *23*
(Year)

(18) BIRTHPLACE *Williamsburg co. S. C.*

(19) OCCUPATION *Farm Laborer*

(20) Number of children born to mother, including present birth *1*

(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, *3-4 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Diana Casey*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Lanes, S. C.*

Given name added from a supplemental report

..... 19

Registrar

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

(27) Filed *Feb 1st 1922* (28) *A. B. Mosley* 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.