

(1) PLACE OF BIRTH

County of Lawrence

Township of

or
Inc. Town ofor
City of Lancaster S.C.

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

(2) Full Name of Child Willie C. Wood Leake

File No.—For State Registrar Only

4765

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 29Registered No. 12
(For use of Local Registrar)St. 4th Ward

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

(3) SEX OR
IRL? boy(4) Twin
or Triplet?
To be answered only in event of Twins or Triplets(5) Number in
order of birth one(6) Are
Parents
Married? no(7) DATE OF
BIRTH Jan 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEDavid Leake(9) PRESENT
POSTOFFICE
OF FATHERLancaster S.C.(10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY 47
(Years)

(12) BIRTHPLACE

Lancaster S.C.

(13) OCCUPATION

day laborer(20) Number of children born to
mother, including present birthone

MOTHER.

(14) NAME BEFORE
MARRIAGEEstelle Johnson(15) PRESENT
POSTOFFICE
OF MOTHERLancaster S.C.(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Lancaster S.C.

(19) OCCUPATION

House work(21) Number of children of this mother
now living, including present birthone

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) Bennie Howard

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

110 W. 4th St.Given name added from a supplement
tal report

(26) Witness

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

(27) Filed

8th Feb. 1922

(28)

C. H. Howard
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.