

Form No. 1

## (1) PLACE OF BIRTH

County of AlbemarleTownship of Rich

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18637

Registration District No. 2010Registered No. ....  
(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

Leonard Lake Matthew

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

3. BOY OR GIRL?

Boy

4. Twin or Triplet?

5. Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH June 5 1927  
(Name of Month) (Day) (Year)

## FATHER.

6. FULL NAME

Max Kemp

9. PRESENT POSTOFFICE OF FATHER

Cowards, S.C.

10. COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

21  
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

House Hand

14. Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Louella Henegan

(15) PRESENT POSTOFFICE OF MOTHER

Cowards, S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

21  
(Years)

(18) BIRTHPLACE

S.C.

(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, on the date above stated.

born alive at 11 A.M.  
(Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cowards, S.C.

Given name added from a supplemental report

(26) Witness

E. L. Thordson  
(Signature of Witness necessary only when question 23 is signed as above)

(27) Filed

June 5 1927(28) E. L. Thordson  
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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY. WITH READING INC.—THIS IS A PERMANENT RECORD. 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 5.

MCGRAW HILL, COLUMBIA, S. C.