

Form No. 1

## (1) PLACE OF BIRTH

County of LaurensTownship of Hunter

or

Inc. Town of Lydia Mill

or

City of .....

(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

43284

Registration District No. 2902 Registered No. 139  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 28, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. A. Leonard(9) PRESENT POSTOFFICE OF FATHER Clinton O. C. R. & D.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43  
(Year)(12) BIRTHPLACE N. C.(13) OCCUPATION Textile op.(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Wilson(15) PRESENT POSTOFFICE OF MOTHER Clinton O. C. R. & D.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Year)(18) BIRTHPLACE Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 A.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. N. Bailey(24) State whether Physician or Midwife M. D.(25) Address of Physician or Midwife Clinton, O. C.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Dec 28, 1922 (28) J. L. N. Bailey  
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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINT-HORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
BUREAU OF COLUMBIA, COLUMBIA, S. C.