

(1) PLACE OF BIRTH

County of ClaytonTownship of Santa

Inc. Town of

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

Registration District No. 1313 Registered No. 21
(For use of Local Registrar)(2) Full Name of Child Lennie May Mack

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

(3) SEX OR CHILD <u>Girl</u>	(4) Type or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 27 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Livie Mack

(9) PRESENT POSTOFFICE OF FATHER Coulter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE Clayton Co.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Roberts

(15) PRESENT POSTOFFICE OF MOTHER Coulter S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Clayton Co.

(19) OCCUPATION Housewife

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

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lennie Mack

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coulter S.C.

Given name added from a supplemental report

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

(27) Filed Sept 27 1923 (28) J. White 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.