

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of Ten Mile Hill

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17959

Registration District No. 911Registered No. 13  
(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 Charles Leane (If child is not yet named, make supplemental report as directed)BOY OR  
GIRL?Girl(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?no

(7) DATE OF

BIRTH May 12<sup>th</sup> 1927  
(Name of Month) (Day) (Year)

## FATHER.

FULL  
NAMECharles LeanePRESENT  
POSTOFFICE  
OF FATHERNavy Yard R. 2.COLOR  
OR  
RACEColored(11) AGE AT LAST  
BIRTHDAY20  
(Years)

BIRTHPLACE

Ten mile S.C.

OCCUPATION

Labourer

## MOTHER.

(14) NAME BEFORE  
MARRIAGEMabel Henderson(15) PRESENT  
POSTOFFICE  
OF MOTHERNavy Yard R. 2.(16) COLOR  
OR  
RACEcolored(17) AGE AT LAST  
BIRTHDAY19  
(Years)

(18) BIRTHPLACE

Ten mile S.C.

(19) OCCUPATION

House work(20) Number of children born to  
mother, including present birth1(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louisa Clumming

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1111Name added from a supplement  
report(26) Witness Dr. J. J. J. J.  
(Signature of Witness, necessary only  
when question 23 is signed by mark)(27) Filed May 12<sup>th</sup> 1927 (28) Mrs. J. L. J. J.  
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.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.