

(1) PLACE OF BIRTH

County of SpartanburgTownship of Georgetownor
Inc. Town ofor
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

46055

Registration District No. 1703Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Lefoyath Puckney

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 5(6) Are Parents Married? Yes(7) DATE OF BIRTH July 7, 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thad. Puckney(9) PRESENT POSTOFFICE OF FATHER St George S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Puckney(15) PRESENT POSTOFFICE OF MOTHER St. George S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 26 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Midwife Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeSt. George 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 July 30, 1914(28) E. D. Appleby

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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MAKING PRESERVED FOR BIRMINGHAM.

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