

County of **LEXINGTON**
Township of **BULL SWAMP**
or
Inc. Town of
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

19360

Registration District No. 3102 Registered No. 52
(For use of Local Registrar)

City of (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 Eladyn Mary Land If child is not yet named, make supplemental report as directed

7) BOY OR GIRL *Girl* (4) Twin or Triplet? *✓* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 20 1977*
(Name of Month) (Day) (Year)

FATHER. <i>Levie Laird</i>		MOTHER. <i>Iola Sharpe</i>	
7) FULL NAME	<i>Levie Laird</i>	(14) NAME BEFORE MARRIAGE	<i>Iola Sharpe</i>

15 PRESENT POSTOFFICE OF FATHER *Pelton*

(12) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28*

<p>(12) BIRTHPLACE <i>London, E.C.</i></p>	<p>(13) BIRTHPLACE <i>London, E.C.</i></p>
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13) OCCUPATION *Physicist*

20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 1st St. N. W. Washington, D. C.

(24) State whether Physician or Midwife *Physician* (25) Signature of Physician or Midwife *John H. Brown*

Given name added from a supplement-
tal report

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

(27) Filed March 19 1948 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.

[illegible]