

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

32073

Registration District No.

40-2

Registered No. 368
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL

male

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 14, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Geo. Leonas

9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22
(Year)

(12) BIRTHPLACE

Greece

(13) OCCUPATION

Black

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Lotte Fortune

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

Perrine N.C.

(19) OCCUPATION

Domestic

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

H.E. McQuarrell M.D.

(24) State whether Physician or Midwife

Spartanburg S.C.

Given name and from a supplemental report

Mr. B. W. M.D.

6/13/22 1922

Registrar

(26) Witness

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

(27) Filed

10-1-22

Jas. Oakes 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.

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