

THIS IS A PERMANENT RECORD. IN CASE OF A PERMANENT RECORD, A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of W. H. ...
 Inc. Town of Cashman Falls
 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 Orson Lee Ledford If child is not yet named, make supplemental report as directed

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

No. 5622
 (For State Registrar Only)

Registration District No. 109 Registered No. 34
 (For use of Local Registrar)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 31, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>M. L. Ledford</u>	(14) NAME BEFORE MARRIAGE <u>Ann Burgin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Cashman Falls S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cashman Falls S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(12) BIRTHPLACE <u>N.C.</u>		(18) BIRTHPLACE <u>N.C.</u>		
(13) OCCUPATION <u>overseer of construction</u>		(19) OCCUPATION <u>House w/p</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M., on the date above stated.
 (Born alive or stillborn) (Hour) (M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Cashman Falls S.C.

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 9, 1923 (28) J. L. Mance Local Registrar
 (29) _____ 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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