

(1) PLACE OF BIRTH

County of *Abbeville*Township of *North*or
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

4538

Registration District No. *2400* Registered No. *26*
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child *Perry Pearson Leadbolt* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL
Boy(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
yes(7) DATE OF BIRTH *Feb 6 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
J. H. Leadbolt(9) PRESENT POSTOFFICE OF FATHER
Estill, Mo(10) COLOR OR RACE
white(11) AGE AT LAST BIRTHDAY *41*
(Years)(12) BIRTHPLACE
Pennsylv Co(13) OCCUPATION
Merchant(20) Number of children born to mother, including present birth
2

MOTHER.

(14) NAME BEFORE MARRIAGE
Polly Hughes(15) PRESENT POSTOFFICE OF MOTHER
Estill, Mo(16) COLOR OR RACE
white(17) AGE AT LAST BIRTHDAY *21*
(Years)(18) BIRTHPLACE
Colleton Co(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *8 AM*, on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Johnston Peckless*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Physician Estill Mo

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 26 1922*(28) *H. E. Skinner*
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.

MARGIN RESERVED FOR BINDING.

THIS IS A PERMANENT RECORD. WITH UNLESS OTHERWISE SPECIFIED, THIS IS A PERMANENT RECORD. IN THE EVENT OF A CHANGE OF ADDRESS, THE REGISTRAR SHALL BE ADVISED BY MAIL, AND THE RECORD SHALL BE MAILED TO THE NEW ADDRESS. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.