

OF BIRTH

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

For use of Local Registrar only  
**4183**

Registration District No. 2402

Registered No. 35  
(For use of Local Registrar)

(No. .... St. .... Ward) birth occurs in a hospital or other institution, give name of same instead of street and number.)

Name of Child W. C. Leadbolt If child is not yet named, make supplemental report as directed

Sex Boy (4) Type of Toilet 1 (5) Number in order of birth 3 (6) Are Eyes Yes (7) DATE OF BIRTH July 28, 1923  
(To be completed only in event of Toilet or Toilet)

**FATHER.**  
Name Oliver Leadbolt  
Residence Crocketville  
Age at last birthday 31  
Place of birth Baumberg Co. S.C.  
Occupation Farming  
Number of children of this mother now living, including present birth 3

**MOTHER.**  
Name before marriage Rosanna Brown  
Residence Crocketville  
Age at last birthday 18  
Place of birth H. Co., S.C.  
Occupation House work  
Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
I hereby certify that I attended the birth of this child, who was .... alive .... at 12 .... M., on the date above stated.  
(23) (Signature) Elia Terry (24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Crocketville

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 28, 1923 (28) W. C. Leadbolt 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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