

THIS IS A PERMANENT RECORD. 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 Orangeburg  
 or  
 Township of Willade  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 3677

File No. — For State Registrar Only

8771

Registered No. H. 6  
 (For use of Local Registrar)

(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 Leddie A. Sankbury

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Unknown  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE .....  
 (11) AGE AT LAST BIRTHDAY (Years) .....  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Leddie Sankbury  
 (15) PRESENT POSTOFFICE OF MOTHER Marion S C  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) 24  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rina J. Harrison (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion S C

Given name added from a supplemental report

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

(27) Filed 3/1/10 (28) Rina J. Harrison 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.