

When there is no attending physician or midwife, a separate blank for each child, and mark the first-born, No. 1. This other, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Bert  
 Township of Indian Isl.  
 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.)

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29049

Registration District No. 657 Registered No. 119  
 (For use of Local Registrar)

(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 Sept 1, 1922  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leone  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY (Years) .....  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Kate Leaborn  
 (15) PRESENT POSTOFFICE OF MOTHER Wrexius St.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years) .....  
 (18) BIRTHPLACE Cuba Island  
 (19) OCCUPATION .....

(20) Number of children born to mother, including present birth one (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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Mary Ann Simmons  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wrexius St.

Given name added from a supplemental report

(26) Witness M. Kuyvelin  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/5 1922 (28) J. L. Shawon  
 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.