

MARGIN RESERVED FOR RECORDS
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 State of Columbia

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

File No.—For State Registrar Only
48846

(1) PLACE OF BIRTH
 County of Dillon
 Township of Marysville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1605 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Willie M. Lean } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Willie M. Lean</u>			(14) NAME BEFORE MARRIAGE <u>Mary Love</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Domestic</u>			(19) OCCUPATION <u>House Bookkeeping</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Alford
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dillon S.C.

Given name added from a supplemental report _____, 191... _____ Registrar	(26) Witness <u>Dr. Michaux</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 11 1916</u> (28) <u>Dr. Michaux</u> Local Registrar
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*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.