

MARGIN RESERVED FOR RECORDING
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.

(1) PLACE OF BIRTH

County of Dillon
Township of Macon
Inc. Town of
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
48846

Registration District No. 1605 Registered No. 1
(For use of Local Registrar)
St. Ward

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? no (7) DATE OF BIRTH Jan 11 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Willie M. Lean
(9) PRESENT POSTOFFICE OF FATHER Dillon S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Love
(15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Cooking
(21) Number of children of this mother now living, including present birth 0

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) Fitzgerald
(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 One Michaux
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 11 1916 (28) One Michaux
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.