

(1) PLACE OF BIRTH

County of Calhoun
 Township of Walden
 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. 11.2.4

Registered No. 33
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child D. Lee Land

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

(3) SEX OF CHILD Boy (4) Type of Birth 1 (5) Number of Children of Mother 1 (6) Date of Birth June 1, 1923

FATHER.
 (7) FULL NAME Doc Crosby
 (8) PRESENT RESIDENCE OF FATHER Leeds, S.C.
 (9) COLOR OR RACE Black (10) AGE AT LAST BIRTHDAY 21 (Years)
 (11) BIRTHPLACE Calhoun Co.
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Charity Land
 (15) PRESENT RESIDENCE OF MOTHER Leeds, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Calhoun Co.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Angeline Davis(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife Leeds, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed June 15, 1923 (27) H. J. McDaniel 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.