

(1) PLACE OF BIRTH

County of SumterTownship of Mayesvilleor Inc. Town of Mayesvilleor City of Mayesville

(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

Registration District No. 4102No. 43080Registered No. 92
(For use of Local Registrar)(2) Full Name of Child Leslie Isaac(3) SEX Boy(4) Twin or Triplet X
To be answered only in case of Twin or Triplet(5) Number in order of birth 2(6) Are Parents Married no(7) DATE OF BIRTH Oct 4 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POST OFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

FATHER.

(13) AGE AT LAST BIRTHDAY
(Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT POST OFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

MOTHER.

(19) AGE AT LAST BIRTHDAY
(Years)

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) Betty Alden(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mayesville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed for 3 23(28) (Signature) Chas. H. H. H.19 23
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 stillborns before the fifth month of pregnancy.

H. B. In case of twins the first-born, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.