

NOTE: WITH PREPARING THIS IS A PRELIMINARY RECORD. IF A CHILD IS BORN AT HOME, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE PLUSTHORN NO. 1. THIS OTHER, NO. 2, etc., in question 5.

3/1/20

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

File No. - For State Registrar Only
925

Registration District No. 1409 Registered No. 29
 (For use of Local Registrar)

(2) Full Name of Child LeHarley Frances (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 13 1922</u> (Month) (Day) (Year)
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<p style="text-align: center;">FATHER</p> <p>(8) FULL NAME <u>LeHarley Frances Sr.</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Wallerboro S.C.</u></p> <p>(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>60</u> (Year)</p> <p>(12) BIRTHPLACE <u>S.C.</u></p> <p>(13) OCCUPATION <u>Truck driver</u></p> <p>(20) Number of children born to mother, including present birth <u>12</u></p>	<p style="text-align: center;">MOTHER</p> <p>(14) NAME BEFORE MARRIAGE <u>Lammie Frances</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Wallerboro S.C.</u></p> <p>(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>44</u> (Year)</p> <p>(18) BIRTHPLACE</p> <p>(19) OCCUPATION <u>Domestic</u></p> <p>(21) Number of children of this mother now living, including present birth <u>9</u></p>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Walter Johnson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wallerboro S.C.

<p>Given name added from a supplemental report</p> <p>19 _____ Registrar</p>	<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>Feb 10 1923</u> (28) <u>Dr. J. M. Smith</u> Local Registrar</p>
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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 a stillborn. No report is desired of stillbirths before the sixth month of pregnancy.