

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland  
Township of Blythewood  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**16507**

Registration District No. 3800 Registered No. 59  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leslie Faust { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5, 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John P Faust</u>	(14) NAME BEFORE MARRIAGE <u>Judy Wingard</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Columbia R #3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia R #3</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia R #3</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>
(10) COLOR OR RACE <u>white</u>	(18) BIRTHPLACE <u>Orangeburg</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(11) AGE AT LAST BIRTHDAY <u>37</u>			
(12) BIRTHPLACE <u>Blythewood</u>			
(13) OCCUPATION <u>Labor</u>			
(20) Number of children born to mother, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 180 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mattie Stevens (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia R #3

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 14, 1922 (28) W. A. McLean 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.

McGraw of Columbia, Columbia, S. C.