

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

39455

Registration District No. Registered No. 175

(For use of Local Registrar)

No. St. Ward)

(12) Full Name of Child Thomas Stauchpe Lefler Jr

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Name Nov 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Stauchpe Lefler

(9) PRESENT POSTOFFICE OF FATHER

Newbury SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Harrisburg & N. C.

(13) OCCUPATION

Telegrapher

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Edith Kimbrell

(15) PRESENT POSTOFFICE OF MOTHER

Newbury SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Gowan Co, N.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. M. Mowse

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Newbury SC

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed Dec 1 1922

(28)

J. L. Cunningham

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.

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