

## (1) PLACE OF BIRTH

County of Lee C. C.Township of SpringhillInc. Town of SpringhillCity of Springhill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8287

Registration District No. 2aaleRegistered No. 11  
(For use of Local Registrar)

St.; ..... Ward)

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

(2) Full Name of Child James Leape(3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 26 1937  
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

(8) FATHER Hubert Lorie(9) FULL NAME Hubert Lorie(10) PRESENT POSTOFFICE OF FATHER Camden S C(11) COLOR OR RACE Cal (12) AGE AT LAST BIRTHDAY 25 (Years)(13) BIRTHPLACE S C(14) OCCUPATION Farming(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 2(16) MOTHER Mable(17) NAME BEFORE MARRIAGE Mable western(18) PRESENT POSTOFFICE OF MOTHER Camden S C(19) COLOR OR RACE Cal (20) AGE AT LAST BIRTHDAY 22 (Years)(21) BIRTHPLACE A S C(22) OCCUPATION House wife(23) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 4:15 A.M. (Born alive or stillborn) (Hour & P. M.)  
on the date above stated. Marie Francis(25) (Signature) Marie Francis(26) State whether Physician or Midwife mid wife (27) Address of Physician or Midwife Camden S C

Given name added from a supplemental report

(28) Witness

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

(29) Filed Mar 15 1937(30) Local Registrar Estelle O. Smith

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.