

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

File No.—For State Registrar Only
6284

(1) PLACE OF BIRTH

County of Aiken
Township of Rocky Gourd
or
Inc. Town of.....
or
City of.....

Registration District No. 2-5-9 Registered No. 1-2
(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 Lennie Corlitt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH March 19, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henderson Corlitt</u>	(14) NAME BEFORE MARRIAGE <u>Lattie Sailor</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Springfield, S.C. R. F. D.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Springfield, S.C. R. F. D.</u>	(16) COLOR OR RACE <u>colored</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine H. Taylor (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sally S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Sallee
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/20 1922, (28) Chas. H. Sallee 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.