

MARGIN RESERVED FOR INDEXING.

WRITES PLAINLY, WITH EXPANDING LINE—THIS IS A PERMANENT RECORD.
 B. B.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of

Inc. Town of

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

8948

Registration District No. 100 Registered No. 20
 (For use of Local Registrar)

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

(3) SEX OR CHILD Boy (4) Type of Infant — (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH 7 4 23
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William E Leslie

(9) PRESENT RESIDENCE OF FATHER Abbeville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Year)

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION Farmer

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

MOTHER

(15) NAME BEFORE MARRIAGE Miss Glendel Bacon

(16) PRESENT RESIDENCE OF MOTHER Abbeville, SC

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY —
 (Year)

(19) BIRTHPLACE Abbeville, SC

(20) OCCUPATION House-wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 M., on the date above stated. (am alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife (25) Address of Physician or Midwife

Physician Abbeville

Given name added from a supplemental report

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

(27) Filed April 11 1923 (28) J. P. Presley 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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