

(1) PLACE OF BIRTH

County of Berkeley
Township of 1st John
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

3239

Registration District No. _____

Registered No.
(For use of Local Registrar)

(2) Full Name of Child Leanne Lord

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

(3) BOY OR GIRL?

(4) **Twin or Triplet?**

(3) Number in order of birth

(6) **APR**
Parents
Married

BIRTH Jan 14 1922
(Month) (Day) (Year)

FATHER:

(3) FULL NAME Ben. Leard.

(3) PRESENT POSTOFFICE OF FATHER *Leopoldville, D C*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30*

(12) BIRTHPLACE
Berkeley Co

713) OCCUPATION
Farm Hand

MOTHER.

(14) NAME BEFORE MARRIAGE *Frances Guerdine*

(15) PRESENT POSTOFFICE OF MOTHER *Leodesville*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *28* (Year)

(18) BIRTHPLACE *Berkeley Ca*

(19) OCCUPATION
Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(13) (Signature) _____
(14) State whether Physician Midwife

(23) Address of Pharmacist or Midwife
Leeds, & Co

Given name added from a supplemental report.

(26) WILSON

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

(37) Filed 1/2/50

(28) Local Registrar

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 required of stillbirths before the fifth month of pregnancy.