

## (1) PLACE OF BIRTH

County of Florence  
 Township of James X. Roads  
 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

18599

Registration District No. 2006Registered No. 16  
(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 Leorris Askins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 24 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Malvin Askins  
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville  
 (10) COLOR OR RACE B  
 (11) AGE AT LAST BIRTHDAY 44  
 (Year)  
 (12) BIRTHPLACE Greenville, S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth James  
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.  
 (16) COLOR OR RACE B  
 (17) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (18) BIRTHPLACE Florence Co S.C.  
 (19) OCCUPATION Homestic  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. H. Fadden  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Timmonsville S.C.

Given name added from a supplemental report

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

(27) Filed June 10 1922 (28) M. G. Humphrey 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.