

FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5.
Section of Columbia, Columns 6 C.

(1) PLACE OF BIRTH
County of Aiken
Township of Greenville
OR
1st. Town of Marreenville
OR
City of Marreenville (No. 204 St.; 43 Ward)
(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

File No. - For State Registrar Only
12591

(2) Full Name of Child Lawrence Wines Leopold If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 13, 1923</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Joseph L. Leopold</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Cora Bessie Renew</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marreenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marreenville, S.C.</u>	
(16) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>Marreenville, S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)			
(13) OCCUPATION <u>Mechanic Cotton Mill</u>			(19) BIRTHPLACE <u>Mindsor, S.C.</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(18) OCCUPATION <u>same</u>	
			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Turnbull

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Marreenville, S.C.

Given name added from a supplemental report

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

(27) Filed 5/16/23 (28) Local Registrar. W. L. Turnbull

*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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