

Form No. 1

(1) PLACE OF BIRTH  
 County of Marion  
 Township of Lebelle  
 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  
46736

Registration District No. 3202 Registered No. 10  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gary Lebelle { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 4, 1916  
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>B. Lebelle</u>	(14) NAME BEFORE MARRIAGE <u>Julia Lebelle</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Centenary S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Centenary S.C.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Centenary S.C.</u>	(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(18) BIRTHPLACE <u>Marion Co. S.C.</u>	
(12) BIRTHPLACE <u>Marion Co. S.C.</u>	(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>7</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) D. A. L. L. L.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centenary 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 15, 1916 (28) H. Alford 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law of Columbia