

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY RECORD. 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 8.

Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
LEXINGTON
 County of
 Township of **BULL SWAMP**
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. **2103**

File No.—For State Registrar Only

31120

Registered No. **89**
 (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 **Mary Clifton Pileant** (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? ☒ (5) Number in order of birth **1** (6) Are Parents Married? **No** (7) DATE OF BIRTH **Sept 15 1922**
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **W. J. Pileant**
 (9) PRESENT POSTOFFICE OF FATHER **Legion**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **35** (Year)
 (12) BIRTHPLACE **Lexington Co.**
 (13) OCCUPATION **Farmer**
 (20) Number of children born to mother, including present birth **1**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Edna Pileant**
 (15) PRESENT POSTOFFICE OF MOTHER **Gaston**
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **19** (Year)
 (18) BIRTHPLACE **Lexington Co.**
 (19) OCCUPATION **Labors**
 (21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at **10:09 A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **W. J. Pileant** (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Proctor**

Given name added from a supplemental report

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

(27) Full Name of Registrar **W. J. Pileant** (28) 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.