

WRITE PLAINLY. WITH ENLARGING INSTRUCTIONS IN A FOUR-HOUR COURSE. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN NO. 1, THE OTHER NO. 2, ETC. IN QUESTION 5.

(1) PLACE OF BIRTH

County of Marlboro
Township of Hebron
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
19471

Registration District No. 3304 Registered No. 80
(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 Nattie M. F. Lebel If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 12, 1922
(Name of Month Day Year)

FATHER.
8) FULL NAME Wm. F. Lebel
9) PRESENT POSTOFFICE OF FATHER Hebron, S.C.
10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 31
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 6

MOTHER.
14) NAME BEFORE MARRIAGE Eliane M. F. Lebel
15) PRESENT POSTOFFICE OF MOTHER Hebron, S.C.
16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 28
18) BIRTHPLACE S.C.
19) OCCUPATION Farmer
20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Midwife Alice S. Lebel
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hebron, 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 17, 1922 (28) W. H. Woodley 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.