

THIS IS THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lancaster
 or
 Inc. Town of
 or
 City of

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

No. 41336—For this Register Only

Registration District No. 79th

Registered No. 117
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD Boy (4) Time of Birth 10:30 (5) Number in order of birth 1st (6) DATE OF BIRTH Dec 23
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (If child is not yet named, make supplemental report as directed)

FATHER.
 (7) FULL NAME Clarence Leach
 (8) PRESENT OCCUPATION OF FATHER Lumber Co SC
 (9) COLOR OR RACE Wgo (10) AGE AT LAST BIRTHDAY 79
 (11) BIRTHPLACE Lancaster Co SC
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 4

MOTHER.
 (14) FULL NAME Georgia Morley
 (15) PRESENT OCCUPATION OF MOTHER Lumber Co SC
 (16) COLOR OR RACE Wgo (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Lancaster Co SC
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 11:00 A. M., on the date above stated. (If born stillborn, (Hour A. M. or P. M.)

(22) (Signature) Carroll H. Moore
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed) Dec 23
 (26) 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.