

(1) PLACE OF BIRTH

County of

Township of

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

25357

Registration District No.

Registered No.

(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

Lenny Lee Alerson

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(8) Are
Parents
Married(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

(6) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

FATHER.

D. Alerson

Gaffney R.F.D. 2

(11) AGE AT LAST
BIRTHDAY

N.C.

Farming

1

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

Lillian Mills

Gaffney R.F.D. 2

(17) AGE AT LAST
BIRTHDAY

S.C.

Housekeeping

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Balme at 2 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

(27) Filed

(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.