

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Reidsville

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

16769

Registration District No. 161 Registered No. 148
 (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

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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH May 15, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Judson W Leonard

(9) PRESENT POSTOFFICE OF FATHER Green R#1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Florence E Brown

(15) PRESENT POSTOFFICE OF MOTHER Green R#1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. W. Wood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Reidsville

Given name added from a supplemental report

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

(27) Filed June 1, 1922 (28) J. W. Wood 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.

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