

(1) PLACE OF BIRTH

County of Lexington
 Township of Broad River
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43482

Registration District No. 3103 Registered No. 20
 (For use of Local Registrar)

City of 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

Leon(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Adam Koon(9) PRESENT POSTOFFICE OF FATHER Chapin, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
 (Years)(12) BIRTHPLACE Chapin, Lex Co, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Meggett(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
 (Years)(18) BIRTHPLACE Lexington Co, S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Bowers (24) Address of Physician or Midwife Rose Bowers

Given name added from a supplemental report

(26) Witness T. O. Stoddard
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 3, 1923 (28) W. H. Fisher
 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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MAKING THEREOF. IF THIS IS A PERMANENT RECORD, AND MARK THE WHITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.