

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
Township of Merewether
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
30021

Registration District No. 1806 Registered No. 41
(For use of Local Registrar)

City of (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 Lester M. L. L. L. If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 22 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Leonard M. L. L.
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S. C.
OCCUPATION Farming

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Willis
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

(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 alive at 3 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Julie Neeson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Augusta Ga

Given name added from a supplemental report

(26) Witness Leonard M. L. L.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 22 1922 (28) Emma Timmerman
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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.