

*200 - 301 - 7 - 5751*

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *Beach Springs*

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

20139

Registration District No. *4000*Registered No. .... *14* ....  
(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 *Willie Ray Lebbins*

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *No*(5) Number in order of birth *1*(6) Are Parent Married? *Yes*

(7) DATE OF BIRTH

*Feb 13 1922*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Will Lebbins*(9) PRESENT POSTOFFICE OF FATHER *Piedmont SC*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *31*  
(Years)(12) BIRTHPLACE *Spartanburg Co*(13) OCCUPATION *Wife work*(20) Number of children born to mother, including present birth *Seven (7)*

## MOTHER

(14) NAME BEFORE MARRIAGE *Leola Barker*(15) PRESENT POSTOFFICE OF MOTHER *Piedmont SC*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *28*  
(Years)(18) BIRTHPLACE *Spartanburg Co*(19) OCCUPATION *Home Wife*(21) Number of children of this mother now living, including present birth *Six (6)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... *Alive* ... at *10 A.M.* ...  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Moore*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Piedmont SC*

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Mar 22* 1922 (28) *J. B. Moore*  
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.