

(1) PLACE OF BIRTH

County of *Greenville*Township of *Salisbury*

In. Town of

City of *Summerville*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12919

Registration District No. *400* Registered No. *71*

(For use of Local Registrar)

2 Full Name of Child *Robert Vernon Leake Jr* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of twins or triplets(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

1-10-23
(Name of Month) (Day) (Year)

FATHER.

D FULL NAME

Robert Vernon Leake Jr

(8) PRESENT POSTOFFICE OF FATHER

(9) COLOR OR RACE *White*

(10) AGE AT LAST BIRTHDAY

(Years) *27*

(11) BIRTHPLACE

Georgia

(12) OCCUPATION

Electrician Engineer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Fred Coleman

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY

(Years) *22*

(18) BIRTHPLACE

W. Va.

(19) OCCUPATION

Train Man

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21 I hereby certify that I attended the birth of this child, who was *born alive* at *4:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

John P. Baker

Given name added from a supplemental report

101....

Registrar

(25) Witness

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

(26) Filed

23

(27)

John P. Baker
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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