

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Highlandor
Inc. Town of Belzeror
City of(If birth occurs in a hospital or other institution, (No. St.; Ward)
(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

40785

Registered No. 165
(For use of Local Registrar)Registration District No. 38

(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? 1
To be answered only in event of Twins or Triplets(5) Number in order of birth 4(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 22, 72
(Name of Month) (Day) (Year)

(8) FULL NAME

F. D. Leach

FATHER.

(14) NAME BEFORE MARRIAGE

Leora Leach

MOTHER.

(9) PRESENT POSTOFFICE OF FATHER

Plyer SC

(15) PRESENT POSTOFFICE OF MOTHER

Plyer SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Greenville County

(18) BIRTHPLACE

Anderson County

(13) OCCUPATION

Auto Mechanic

(19) OCCUPATION

Domestic

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:35 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Plyer SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5, 1973

(28) 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.