

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

40785

County of Anderson

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

Township of Highland

or
Inc. Town of Belzer

Registration District No. 38

Registered No. 165
(For use of Local Registrar)

City of

(No. St.; Ward)

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

(2) Full Name of Child

If child's not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22, 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME F. D. Leach

(14) NAME BEFORE MARRIAGE Leora Baker

(9) PRESENT POSTOFFICE OF FATHER Plyer St

(15) PRESENT POSTOFFICE OF MOTHER Plyer St

(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 1

(21) Number of children of this mother now living, including present birth 1

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) W. R. Duddy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Plyer St

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, 1923 at Anderson 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.