

(1) PLACE OF BIRTH

County of AndersonTownship of Martin

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
12852Registration District No. 307 Registered No. 15-
(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. Theresa Marion Leaton If child is not yet named, make supplemental report as directed3) SEX OR GIRL? girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH May 9, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Marion Leaton9) PRESENT POSTOFFICE OF FATHER Ocala, FL.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 30
(Year)12) BIRTHPLACE Anderson Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth Four

MOTHER.

14) NAME BEFORE MARRIAGE Sadie Leaton15) PRESENT POSTOFFICE OF MOTHER Ocala, FL.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 31
(Year)18) BIRTHPLACE Anderson Co19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. McQuinnell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File June 20, 1923 (28) A. S. Robinson 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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11/20/23 (Sub) #4