

STATION REQUESTED FOR BONDING.
 WHITE PLAINLY, WITH EXPANSIVE—THIS IS A PERMANENT RECORD.
 CASE OF GIVING OR THEREIN ARE A HEALTHY BEANS FOR THAT CHILD, AND
 THIS SHOWN No. 1 THE OTHER No. 2 are in question.

(1) PLACE OF BIRTH

County of O'Connell
Township of Pulaski
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 3573 Registered No. 15
(For use of Local Registrar)

File No.—For State Registrar Only
31508

City of (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 Lehner Coline Arnold If child is not yet named, make supplemental record as directed

1) BOY OR GIRL <i>girl</i>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>Sept 17, 1922</i> (Month) (Day) (Year)
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FATHER

10 FULL NAME *Naile James*
11 PRESENT POSTOFFICE OF FATHER *Int. Rest S.C.*
12 COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY... *24*... (Year)
13 BIRTHPLACE *Alconne County*
14 OCCUPATION *Farming*
15 Number of children born to mother, including present birth *12*

MOTHER

(14) NAME BEFORE MARRIAGE *Corril Willbanks*

(15) PRESENT POSTOFFICE OF MOTHER *Mt. Rest S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)

(18) BIRTHPLACE *Blount County*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth. *1 1/2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at Idaho
on the date above stated. 9 10 1900 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belle Smith
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Battle Creek S.C.

Given name added from a supplement-
al report

(20) Witness
(Signature of Witness necessary only
when question 21 is signed by mark)

(27) Filed Sept 22 1922 (28) J. N. Watkins
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.