

## (1) PLACE OF BIRTH

County of Florence  
 Township of French  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**4148**

Registration District No. 7010 Registered No. 11  
 (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 Union Leroy Lerner (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan. 18, 1921  
 (Month of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>B. Fleming Lerner</u>	14) NAME BEFORE MARRIAGE <u>Ella Miles</u>	9) PRESENT POSTOFFICE OF FATHER <u>Cawards SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Cawards SC</u>
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>SC</u>	18) BIRTHPLACE <u>SC</u>	13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>House wife</u>
20) Number of children born to mother, including present birth <u>3</u>	21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Cornington Lee M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cawards SC

Given name added from a supplemental report

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

(27) Filed Feb. 11, 1921 (28) E. L. Thontgomery 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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MARGIN RESERVED FOR PRINTING. WITH UNPAID INSTRUCTIONS FOR FATHER, CHILD, AND MOTHER. WHITE PLAIN. WITH UNPAID INSTRUCTIONS FOR FATHER, CHILD, AND MOTHER. FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, SOUTH CAROLINA, U. S. A.

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