

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

County of York
Township of Bethel

Inc. ^{or} Town of
or

City of
(If birth occurs in a hospital o

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

11

Registration District No. 4402

File No.—For State Registrar Only

45017

Registered No. 63.....
(For use of Local Registrar)

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instead of street and number.)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child..... Leary, Jimmy

(3) BOY OR GIRL? *Girl*

(4) Twin
or Triplet?

(5) Number in order of birth

(5) Are Parents *Yes*
Married?

(7) DATE OF BIRTH Dec, 15, 1943
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Lindbergh

(9) PRESENT POSTOFFICE OF FATHER Garb #2

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE *20*

(13) OCCUPATION Tenant

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

MOTELER.

(14) NAME BEFORE MARRIAGE Lottie Mobley

(15) PRESENT POSTOFFICE OF MOTHER Clark #2

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

(18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

CERTIFICATE OF ATTENDING PHYSICIAN

(22) I hereby certify that I attended the birth of this child, who was born at 4 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated. Cinda Phillips

(23) (Signature) ...
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

(24) State whether Physician or not: Yark #2

Given name added from a supplement-
tal report

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

(27) Filed Dec 27 1915. (28) N. H. ... 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.