

Form No. 1

(1) PLACE OF BIRTH

County of MyrtleTownship of Jordan

OF

Inc. Town of

OF

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5330

Registration District No. 104 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Leah Rebecca

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

3. BOY OR GIRL Girl 4. Twin or Triplet No 5. Number in order of birth No 6. Are Parents Married No 7. DATE OF BIRTH Feb. 11, 1919
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE 11. AGE AT LAST BIRTHDAY (Years)

12. BIRTHPLACE

13. OCCUPATION

14. Number of children born to mother, including present birth One

MOTHER.

14. NAME BEFORE MARRIAGE Virginia May Postle15. PRESENT POSTOFFICE OF MOTHER Sumter, S.C.16. COLOR OR RACE Cal. 17. AGE AT LAST BIRTHDAY 18 (Years)18. BIRTHPLACE Sumter Co. S.C.19. OCCUPATION Nurse & food store20. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Mark (Boy, live or stillborn) (Boy A. M. or P. M.) on the date above stated.(23) (Signature) Naome G. Ghardean

(24) State whether Physician, Midwife, or other person authorized to practice as such

Given name added from a supplemental report

(25) Witness John G. Ghardean (Signature of Witness necessary only when question 23 is signed "X" mark)(27) Filed 1/29 1919 (28) Local Registrar C. L. Hensley

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MAKING UNRECORDED FOR BIRTHS. WRITE PLAINLY. WITH UNPAID REMITTANCE AS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. TWIN OTHERS, No. 2, etc., in question 3.