

(1) PLACE OF BIRTH

County of MarionTownship of Reavesor
Inc. Town 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

Registration District No. 3705

File No. - For State Registrar Only

43651Registered No. 168
(For use of Local Registrar)

(2) Full Name of Child

Margaret Leonard

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Registered <u>720</u>	(7) DATE OF BIRTH <u>Dec 1 22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME <u>Unknown</u>	(14) NAME BEFORE MARRIAGE <u>Lorene Leonard</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>
(10) COLOR OR RACE	(16) COLOR OR RACE <u>B</u>
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Marion Co.</u>
(13) OCCUPATION	(19) OCCUPATION <u>Farm Laborer</u>

MOTHER

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Amey L. Hawes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mullins St.

Given name added from a supplemental report

(26) Witness Amey L. Hawes

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

(27) Filed Jan 11 1913(28) Amey L. Hawes 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.

Registrar

LOCAL REGISTRAR

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