

County of Turner
Township of Greenbush
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
13759

Registration District No. 513... Registered No.
(For use of Local Registrar)

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 See Description 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: May 15 1972

(Name of Month) (Day) (Year)

(8) FULL NAME **FATHER** *Leslie Timmons*

9) PRESENT POSTOFFICE OF FATHER *Eldredge*

(10) COLOR OR RACE *Neuro* (11) AGE AT LAST BIRTHDAY *24* (Year)

(12) BIRTHPLACE SE

(13) OCCUPATION *Farmer, Horse*

20) Number of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE *Winnie Bates*

(15) PRESENT POSTOFFICE OF MOTHER *Edna, DC*

(16) COLOR OR RACE *Yellow* (17) AGE AT LAST BIRTHDAY *20* (Year)

(16) BIRTHPLACE SC

(19) OCCUPATION
Wife and Tree Hauler

(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 10-15 M.,
on the date above stated. born or stillborn? (Hour A. M. or P. M.)

(23) (Signature) Amelia King Hill
(24) State whether Physician or Midwife ~~Physician or Midwife~~ Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 2 1922 (28) 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.