

## (1) PLACE OF BIRTH

County of York  
 Township of Redmill  
 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

16768

Registration District No. 14007 Registered No. 47  
 (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 Leonard Wilson Grubbs (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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH May 12, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Grubbs  
 (9) PRESENT POSTOFFICE OF FATHER Irwin R.F. 1  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ida Bell Baggett  
 (15) PRESENT POSTOFFICE OF MOTHER Irwin R.F. 1  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Thos. P. Lesane

4/1/46

19 ..  
 Registrar

(26) Witness

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

(27) Filed

May 16, 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.

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