

(1) PLACE OF BIRTH

County of Anderson
 Township of Cherokee
 or
 Inc. Town of K. 7 D.
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12908

Registration District No. 316 Registered No. 36
 (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 Leiza Louisa If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet - 5. Number in order of birth - 6. Age Parents Married ya 7. DATE OF BIRTH May 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>Luther Louisa</u>	14. NAME BEFORE MARRIAGE <u>Danie Curry</u>	9. PRESENT POSTOFFICE OF FATHER <u>Anderson, R20 W</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Columbia R20 W</u>
10. COLOR OR RACE <u>Col</u>	16. COLOR OR RACE <u>Col</u>	11. AGE AT LAST BIRTHDAY <u>34</u> (Year)	17. AGE AT LAST BIRTHDAY <u>33</u> (Year)
12. BIRTHPLACE <u>Anderson (Ga)</u>	18. BIRTHPLACE <u>West Co. Georgia</u>	13. OCCUPATION <u>farm laborer</u>	19. OCCUPATION <u>domestic</u>
20. Number of children born to mother, including present birth <u>Eight</u>	21. Number of children of this mother now living, including present birth <u>Six</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. Blathner(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson, SC

Given name added from a supplemental report

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

(27) Filed June 23 (28) H. H. Hays 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.