

(1) PLACE OF BIRTH

County of Harry
 Township of Little River
 OF
 Inc. Town of
 OF
 City of

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

File No.—For State Registrar Only

7410

Registration District No. 2007 Registered No. 17
 (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 Leola Melvin 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 1 6) Are Parents Married? no 7) DATE OF BIRTH Feb 17 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jessie Crawford9) PRESENT POSTOFFICE OF FATHER Wampee10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 21
 (Year)12) BIRTHPLACE W. I.13) OCCUPATION farming20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Manda Gause15) PRESENT POSTOFFICE OF MOTHER Wampee16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY 23
 (Year)18) BIRTHPLACE fanning19) OCCUPATION fanning21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Green(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wampee

Given name added from a supplemental report

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

(27) Filed Feb 23 1923 (28) Local Registrar W. I.

*If 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.