

## (1) PLACE OF BIRTH

County of YorkTownship of Ft. Mill

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1406Registered No. 20  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Watson Leslie If child is not yet named, make appropriate entry as above(3) SEX Boy (4) Type of Twin - (5) Number in order of birth 1 (6) Sex of mother Female (7) DATE OF BIRTH Jan. 24, 1928  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Ollie Leslie  
(9) PRESENT POST OFFICE OF FATHER Ft. Mill S.C.  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 4MOTHER.  
(15) FULL NAME Mary Patten  
(16) PRESENT POST OFFICE OF MOTHER Ft. Mill S.C.  
(17) COLOR OR RACE Col. (18) AGE AT LAST BIRTHDAY 22 (Years)  
(19) BIRTHPLACE S. C.  
(20) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattie Leape (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ft. Mill S.C.Given name added from a supplemental report  
(26) Witness A. L. Parker (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2/28-23 (28) A. L. Parker 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.