

(1) PLACE OF BIRTH

County of Calhoun
 Township of Laurens
 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
41147

Registration District No. 801... Registered No. 123...
 (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 Lennie Pearl Rumph If child is not yet named, make supplemental report as directed

3) Boy or Girl girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 8 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Lennie Rumph

9) PRESENT POSTOFFICE OF FATHER St. Matthews

10) COLOR OR RACE Chsro (11) AGE AT LAST BIRTHDAY 25 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Farm hand

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Lottie Robinson

15) PRESENT POSTOFFICE OF MOTHER St. Matthews

16) COLOR OR RACE Chsro (17) AGE AT LAST BIRTHDAY 21 (Years)

18) BIRTHPLACE S.C.

19) OCCUPATION Farm hand

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary E. Coffey (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 21 1922 (28) J. H. Rumph 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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