

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 mile
 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

3156

Registration District No. 404 Registered No. 15
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 27, 1922
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Clarence Lease
 (9) PRESENT POSTOFFICE OF FATHER Lodge S b
 (10) COLOR OR RACE Mu. (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE S b
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Ford
 (15) PRESENT POSTOFFICE OF MOTHER Lodge S b
 (16) COLOR OR RACE Mu. (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE S b
 (19) OCCUPATION Farm laborer
 (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 3 a M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Folk(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Richardt S b

Given name added from a supplemental report

(26) Witness

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

(27) Filed McL 7-19-22

(28)

M. D. Richard
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.