

(1) PLACE OF BIRTH

County of Green
 Township of London
 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

3826

Registration District No. Registered No.
 (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 Willie Le Backrum St. Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL L. (4) Twin or Triplet? No. (5) Number in order of birth 23
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 24 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Le Backrum

(9) PRESENT POSTOFFICE OF FATHER Round age 23

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

(12) BIRTHPLACE Round

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Genie Haynes

(15) PRESENT POSTOFFICE OF MOTHER Round age 21

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

(18) BIRTHPLACE Round

(19) OCCUPATION Farming

(21) 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 Willie Le Backrum on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) live

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Round

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.

REGISTRATION OF BIRTHS FOR TWINNING. WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE REGULAR COLUMN, COLUMN 8.