

18440

Registration District No. 1808 Registered No. 250
(For use of Local Registrar)

(No. St.; Ward)
(Institution give name of same instead of street and number.)

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(2) Full Name of Child Reevie Clephant If child is not yet named, make supplemental report as directed

3	BOY OR GIRL? <u>1</u>	4	Twin or Triplet?	5	Number In order of birth	6	Are Parents Married? <u>yes</u>	7	DATE OF BIRTH <u>Jan 17 1977</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

8. FULL NAME Wallace Whigham

(14) NAME BEFORE MARRIAGE Beasie Loyd

9 PRESENT
POSTOFFICE
STATION *1000 1st St*

(15) PRESENT POSTOFFICE OF MOTHER Edwards, S.C.

(10) COLOR OR *White* (11) AGE AT LST BIRTHDAY *30*

(16) COLOR OR RACE *12 years* (17) AGE AT LAST BIRTHDAY *37* (Years)

RACE W
12 BIRTHPLACE W

(18) BIRTHPLACE San Francisco, California

13 OCCUPATION Self

(19) OCCUPATION Student

1. order

1. Name of child Leah Ann Seep

25 Number of children born to mother, excluding present birth 1 2

(21) Number of children of this woman
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 a.m.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physn. or Midwife

midwife

Given name added from a supplement-
tal report

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

(27) Filed 7/12/22 (28) Ch. H. H. H. Local Registrar.

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.