

(1) PLACE OF BIRTH

County of Wm.burgTownship of Suburban

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54038

Registration District No. 4303 Registered No. 19

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Leah Peterson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Mar 20 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Leah Peterson

(9) PRESENT POSTOFFICE OF FATHER

Wm.burg

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 60
(Years)

(12) BIRTHPLACE

Wm.burg

(13) OCCUPATION

farm hand

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Maria McFarlane

(15) PRESENT POSTOFFICE OF MOTHER

Wm.burg

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Wm.burg

(19) OCCUPATION

farm hand

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was girl at Wm.burg M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca McFarlane

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Wm.burg

Given name added from a supplemental report

191

Registrar

(26) Witness

Leah Cooper
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 28 1914(28) Rebecca McFarlane 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.

Only

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Year)

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Wm.

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P. M.)

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