

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
Township of Wayhau
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
43220

Registration District No. 2807 Registered No. 44
(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 Leander Cousart If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 11, 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Leander Cousart</u>	(14) NAME BEFORE MARRIAGE <u>Addie Massey</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wayhau n. Car.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wayhau n. Car.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(12) BIRTHPLACE <u>Lancaster Co.</u>	(18) BIRTHPLACE <u>Lancaster Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Roseanna Massey
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wayhau n. Car.

Given name added from a supplemental report
(26) Witness Mrs. A. P. Niven (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 17, 22 (28) B. J. Richardson 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.

FORM NO. 1, COLUMBIA, S. C.