

(1) PLACE OF BIRTH

County of York
Township of Bethelor
Inc. Town of
orCity of
(If birth occurs in a hospital orCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

32718

Registration District No. 4.4.00 Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child

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

| | | | | |
|--|---|---|---|---|
| (1) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept. 3, 1922</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (3) FULL NAME <u>Will Leagh</u> | | | (14) NAME BEFORE MARRIAGE <u>Jarvis Johnson</u> | |
| (8) PRESENT POSTOFFICE OF FATHER <u>Clown D.C. R.R. #3</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Clown D.C. R.R. #3</u> | |
| (10) COLOR OR RACE <u>Black</u> | (11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small> | (16) COLOR OR RACE <u>Black</u> | | |
| (12) BIRTHPLACE <u>D.C.</u> | | (17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (18) BIRTHPLACE <u>D.C.</u> | |
| | | | (19) OCCUPATION <u>Housewife</u> | |
| (20) Number of children born to mother, including present birth <u>Two</u> | | | (21) Number of children of this mother now living, including present birth <u>Two</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. Butler
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Clown D.C. R.R. #2

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 6, 1922 (28) E. E. Ford
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.

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SC

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P. M.)

wife

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