(1) PLACE OF BIRTH

County of York

Township of Catawba

or

Inc. Town of Leslie S. C.

or

City of ..... (No. ..... St.; ..... Ward)

(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: 26697

Registration District No. 4404 Registered No. 61

(For use of Local Registrar)

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

(3) BOY OR GIRL: 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? Yes

(7) DATE OF BIRTH: July (Name of Month) 8 (Day) 1923 (Year)

FATHER

(8) FULL NAME: B. H. Plyler

(9) PRESENT POSTOFFICE OF FATHER: Leslie S. C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: N. C.

(13) OCCUPATION: R. R. work

(20) Number of children born to mother, including present birth: 4

MOTHER

(14) NAME BEFORE MARRIAGE: Flora Garris

(15) PRESENT POSTOFFICE OF MOTHER: Leslie S. C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Lancaster County

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:34 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. R. Grant

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Leslie S. C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 9/8/ 1923 (28) J. R. Miller

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.

before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

BOARD OF COUNCIL, COLUMBIA, S. C.