

## (1) PLACE OF BIRTH

County of Marion  
 Township of Reagan  
 or  
 Inc. Town of Nichols  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**7815**

Registration District No. 3705

Registered No. 16  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(2) Full Name of Child Lennie Gilbert Price  
 (If birth occurs in a hospital or other institution, give name of same inst. ad of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy  
 (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 28, 1923  
 (Name of Month) (Day) (Year)

## MOTHER:

FATHER:  
 (8) FULL NAME John W. Price

(14) NAME BEFORE MARRIAGE Minnie D. Price

(9) PRESENT POSTOFFICE OF FATHER Michael S. P.

(15) PRESENT POSTOFFICE OF MOTHER Michael S. P.

(10) COLOR OR RACE W  
 (11) AGE AT LAST BIRTHDAY 39  
 (Years)

(16) COLOR OR RACE W  
 (17) AGE AT LAST BIRTHDAY 37  
 (Years)

(12) BIRTHPLACE Marion Co

(18) BIRTHPLACE Marion Co

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:4 M.,  
 on the date above stated. Born alive or stillborn (Hour) M. or P. M.)

(23) (Signature) J. S. Martin

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Marion Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/12-23

(28) Local Registrar McLamb

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.