

(1) PLACE OF BIRTH

County of Richland
 Township of Lowry
 or
 Inc. Town of Eastover
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5618

Registration District No. 3803Registered No. 346
(For use of Local Registrar)

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

(2) Full Name of Child Rufus Leonard 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 (6) Are Parents Married? yes (7) DATE OF BIRTH 1/26/22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Leonard(9) PRESENT POSTOFFICE OF FATHER Eastover(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Richland Co(13) OCCUPATION Farmer

(20) Number of children born to father, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Ruffin Tucker(15) PRESENT POSTOFFICE OF MOTHER Eastover(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Richland Co(19) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Georgia Anna Leonard

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

Given name added from a supplemental report

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

(27) Filed 7/4/21 (28) A. J. Ferguson 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.