

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 5.

<div> <div>(1) PLACE OF BIRTH</div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA</div> <div>Bureau of Vital Statistics</div> <div>State Board of Health</div> </div>					<div> <div>File No.—For State Registrar Only</div> <div>36559</div> </div>	
<div> <div>County of <u>Sumter</u></div> <div>Township of <u>Marysville</u></div> <div>or</div> <div>Inc. Town of</div> <div>or</div> <div>City of</div> </div>			<div> <div>Registration District No. <u>4102</u></div> <div>Registered No. <u>79</u></div> <div>(For use of Local Registrar)</div> </div>			
<div> <div>(2) Full Name of Child</div> <div><u>Peter Lesesne</u></div> </div>			<div> <div>St.; Ward)</div> <div>If child is not yet named, make supplemental report as directed</div> </div>			
<div> <div>(3) SEX OR GIBB</div> <div><u>Boy</u></div> </div>		<div> <div>(4) Twin or Triplet?</div> <div>To be answered only in case of Twins or Triplets</div> </div>		<div> <div>(5) Number in order of birth</div> <div><u>1</u></div> </div>		
<div> <div>(6) Are Parents Married?</div> <div><u>yes</u></div> </div>		<div> <div>(7) DATE OF BIRTH</div> <div><u>Sept 29 1922</u></div> <div>(Name of Month) (Day) (Year)</div> </div>				
<div> <div>FATHER.</div> <div>(8) FULL NAME</div> <div><u>Pete Lesesne</u></div> </div>			<div> <div>MOTHER.</div> <div>(14) NAME AND MARRIAGE</div> <div><u>Hatter Nixon</u></div> </div>			
<div> <div>(9) PRESENT POSTOFFICE OF FATHER</div> <div><u>Marysville</u></div> </div>			<div> <div>(15) PRESENT POSTOFFICE OF MOTHER</div> <div><u>Marysville</u></div> </div>			
<div> <div>(10) COLOR OR RACE</div> <div><u>Col</u></div> </div>		<div> <div>(11) AGE AT LAST BIRTHDAY</div> <div><u>28</u></div> <div>(Years)</div> </div>		<div> <div>(16) COLOR OR RACE</div> <div><u>Col</u></div> </div>		
<div> <div>(12) BIRTHPLACE</div> <div><u>Garrum</u></div> </div>		<div> <div>(17) AGE AT LAST BIRTHDAY</div> <div><u>22</u></div> <div>(Years)</div> </div>		<div> <div>(18) BIRTHPLACE</div> <div><u>Kanawha</u></div> </div>		
<div> <div>(13) OCCUPATION</div> <div><u>Garrum</u></div> </div>		<div> <div>(19) OCCUPATION</div> <div><u>Kanawha</u></div> </div>				
<div> <div>(20) Number of children born to mother, including present birth</div> <div><u>2</u></div> </div>		<div> <div>(21) Number of children of this mother now living, including present birth</div> <div><u>2</u></div> </div>				
<div> <div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</div> <div>(22) I hereby certify that I attended the birth of this child, who was <u>at 4 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour or P.M.)</div> </div>						
<div> <div>(23) (Signature)</div> <div><u>Eugene Marshall</u></div> </div>		<div> <div>(24) State whether Physician or Midwife</div> <div><u>Midwife</u></div> </div>				
<div> <div>(25) Address of Physician or Midwife</div> <div><u>Marysville</u></div> </div>		<div> <div>(26) Witness</div> <div>(Signature of Witness necessary only when question 23 is signed "Midwife")</div> <div><u>Oct 3 22</u></div> </div>				
<div> <div>(27) Filed</div> <div><u>19</u></div> <div>Registrar</div> </div>		<div> <div>(28) Local Registrar</div> <div><u>W. Cooper</u></div> </div>				
<div> <div>*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.</div> </div>						