

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.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Marysville
 or
 Inc. Town of

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

File No.—For State Registrar Only
36559

Registration District No. 4102
 Registered No. 79
 (For use of Local Registrar)

City of No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) <u>Boy</u> SEX OR GIBB	(4) <u>No</u> Twin or Triplet? To be answered only in case of Twins or Triplets	(5) <u>23</u> Number in order of birth	(6) <u>yes</u> Are Parents Married?	(7) <u>Sept 29 1922</u> DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) <u>Pete Lesesne</u> FULL NAME			(14) <u>Hester Nixon</u> NAME OF MOTHER	
(9) <u>Marysville</u> PRESENT POSTOFFICE OF FATHER			(15) <u>Marysville</u> PRESENT POSTOFFICE OF MOTHER	
(10) <u>Col</u> COLOR OR RACE	(11) <u>23</u> AGE AT LAST BIRTHDAY (Years)	(16) <u>Col</u> COLOR OR RACE	(17) <u>22</u> AGE AT LAST BIRTHDAY (Years)	
(12) <u>Farm</u> BIRTHPLACE			(18) <u>Homewife</u> BIRTHPLACE	
(13) <u>2</u> OCCUPATION			(19) <u>2</u> OCCUPATION	
(20) <u>2</u> Number of children born to mother, including present birth			(21) <u>2</u> 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 4.1 A.M.
 on the date above stated. (Born alive or stillborn) (Hour or P. M.)

(23) Eugene Marshall
(Signature)

(24) Midwife
State whether Physician or Midwife

(25) Marysville
Address of Physician or Midwife

Given name added from a supplemental report

(26) Oct 3 22
Witness (Signature of Witness necessary only when question 23 is signed)

(27) 1922
Filed

(28) W. Cooper
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.