

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

(1) PLACE OF BIRTH

County of Clarendon
Township of Center
or
Inc. Town of
or
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39528

Registration District No. 2500

Registered No. 155
(For use of Local Registrar)

(2) Full Name of Child

Malvina Leong

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH SEP 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Leong
(9) PRESENT POSTOFFICE OF FATHER Fair Play
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Yok.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Powell
(15) PRESENT POSTOFFICE OF MOTHER Fair Play
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Yok.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie Leong
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fair Play

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed SEP 24 1922 (28) A. P. Martin 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.