

Form 10-1-1917  
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 Calhoun  
Township of Leesville  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only

29127

Registration District No. 8.6.1 Registered No. 8.3  
(For use of Local Registrar)

(2) Full Name of Child Mary Bell Jeanette Likes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 13, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ramus Likes  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE St. L.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 12

MOTHER.  
(14) NAME BEFORE MARRIAGE Leila Jeanette Robinson  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE St. L.  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was Born alive at Leesville, S. C., on the date above stated. (Born alive or stillborn? (Hour, M. or P. M.)  
(23) (Signature) Hella McLeod  
(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 Oct. 4, 1923 (28) J. H. Marshall 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.

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