

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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 8.

(1) PLACE OF BIRTH

County of SCONEE
Township of Center
OF
Inc. Town of.....
OF
City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

11427

Registration District No. 2576 Registered No. 156
(For use of Local Registrar)

(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 Leland Mize (If child is not yet named, make supplemental report as directed)

(3) SEX OR CIVIL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Fresh Marriages yes (7) DATE OF BIRTH 4. 10. 23
(To be answered only in case of Twin or Triplet)

FATHER.
(8) FULL NAME Ernest Mize
(9) PRESENT RESIDENCE OF FATHER Westminster, D.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Franklin County
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Grant
(15) PRESENT RESIDENCE OF MOTHER Westminster, D.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE SCONEE County
(19) OCCUPATION Housekeeping
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ronald Alvin, at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. L. Carle (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster, D.C.

Given name added from a supplemental report
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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 4. 14. 23 (28) R. P. Minter 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.