

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of #8  
 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  
**31430**

Registration District No. 3406 Registered No. 30  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

3. BOY OR GIRL 4 4. Twin or Triplet? To be answered only in event of Twins or Triplets 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH Sept 5, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Leander Lester

9. PRESENT POSTOFFICE OF FATHER Newberry R 7

10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 34  
 (Years)

12. BIRTHPLACE S.C.

13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 4

## MOTHER.

14. NAME BEFORE MARRIAGE Mabel Harrick

15. PRESENT POSTOFFICE OF MOTHER Newberry R 7

16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 29  
 (Years)

18. BIRTHPLACE S.C.

19. OCCUPATION House wife

21. Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Belden

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Prosperity S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 10, 1922 (28) H. L. Conlware 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.