

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Sheldon  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 100305

No. 12989  
 12989

Registered No. 40  
 (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 Leah Beaufort If child is not yet named, make supplemental report as directed

(1) SEX ON Female (2) Yes or No (3) Number in 3 order of birth (4) Are Parents Yes Married (5) DATE OF BIRTH May 1 1923  
 To be reported only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (6) FULL NAME Joseph Leach  
 (7) PRESENT POSTOFFICE OF FATHER Sheldon  
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 37 (Years)  
 (10) BIRTHPLACE Beaufort Co  
 (11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth 3

MOTHER.  
 (13) NAME BEFORE MARRIAGE Snook Gordon  
 (14) PRESENT POSTOFFICE OF MOTHER Sheldon  
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 32 (Years)  
 (17) BIRTHPLACE Beaufort Co  
 (18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(21) (Signature) Maynard Robinson  
 (22) State whether Physician or Midwife (23) Address of Phys. or Midwife

Given name added from a supplemental report

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

(25) Filed ..... (26) 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.