

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Concord

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

File No.—For State Registrar Only  
**91953**

or  
Inc. Town of ..... Registration District No. 4.100 Registered No. 124  
(For use of Local Registrar)  
or  
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 Leila Lucile Peebles } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 4, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Lewis DeHartwell Peebles

(9) PRESENT POSTOFFICE OF FATHER Marysville, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S. Carolina

(13) OCCUPATION Farming

(14) Number of children born to father, including present birth Two. 2.

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Leila Jones

(15) PRESENT POSTOFFICE OF MOTHER Marysville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE S. Carolina

(19) OCCUPATION Housewife

(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 alive at 8 ..... P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. Marysville

Given name added from a supplemental report

....., 191.....

.....

Registrar

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

(27) Filed 12/16 ..... 1916. (28) A. J. Newman 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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