

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

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

File No.—For State Registrar Only
91953

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
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lewis DeHartwell Peebles

(14) NAME BEFORE MARRIAGE Mary Leila Jones

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

(15) PRESENT POSTOFFICE OF MOTHER Maysville

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

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

(12) BIRTHPLACE S. Carolina

(18) BIRTHPLACE S. Carolina

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Two, 2

(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) J. H. Adams

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

Extra name added from a supplemental report

(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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