CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
69359

(1) PLACE OF BIRTH

County of Lexington

Township of .....

or

Inc. Town of Cayce ..... Registration District No. 3105 ..... Registered No. .....
(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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? — (Is to be answered only in event of Twins or Triplets) | (5) Number in order of birth 8 | (6) Are Parents Married? yes | (7) DATE OF BIRTH June, 12, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Jessie Lovett	(14) NAME BEFORE MARRIAGE Nola King
(9) PRESENT POSTOFFICE OF FATHER Cayce	(15) PRESENT POSTOFFICE OF MOTHER Cayce
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Lexington Co	(18) BIRTHPLACE Lexington Co
(13) OCCUPATION Mill Work	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth { 8	(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 (Hour A. M. or P. M.) A.M., on the date above stated.

(23) (Signature) J. R. Leinger

(24) State whether Physician or Midwife: Physician | (25) Address of Physician or Midwife: 1929 Park

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/1/1916 (28) .....
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.

*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.