

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Pacout*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. *12103* - For State Registrar Only
 12103

Registration District No. *2006* Registered No. *47*
 (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 *Lillian Anna Leay* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *4-2-23*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. K. Leay*
 (9) PRESENT POSTOFFICE OF FATHER *Trough SC*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34*
 (Year) (12) BIRTHPLACE *N.C.*
 (13) OCCUPATION *Carpenter*
 (14) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Dora Purple*
 (15) PRESENT POSTOFFICE OF MOTHER *Trough, S.C.*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32*
 (Year) (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Housewife*
 (20) 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 or stillborn* at *8 P.M.* on the date above stated. (Hour A. or P. M.)

(23) (Signature) *W. A. ...*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *...*

Given name added from a supplemental report
 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *...* 19 *23* (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.