

REGISTERED UNDER THE ACT OF MARCH 1, 1901, CHAP. 11, SECTIONS 1-4, IN QUESTION 8.  
WHEN THERE IS A TWIN OR TRIPLE BIRTH, THE REGISTRAR MUST REPORT EACH CHILD, AND MARK THE  
N. B.—In case of TWINS OR TRIPLES use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
MOTHER OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Henry  
Township of B. of Leno  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30693

Registration District No. 7.5.00 Registered No. 16.0  
(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 L. B. Almont (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth: ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH: Sept. 30, 1922  
(Name, Month, Day, Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Leroy Almont</u>	(14) NAME BEFORE MARRIAGE <u>Lertie Watts</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Garley S. C. R-1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Garley S. C. R-1</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Henry Co S. C.</u>	(18) BIRTHPLACE <u>Henry Co S. C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born. Alive. at 9.40 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Helon C. Longines  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Albion S. C. R-3

Given name added from a supplemental report: .....  
(26) Witness: ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Full Name J. E. Bell (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.