

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of *Anderson*  
Township of *Bushy Creek*Inc. Town of ..... Registration District No. *2* ... Registered No. *85*

City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *James Ellis Lennings*(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct 6 1903*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Walter Lennings*(9) PRESENT POSTOFFICE OF FATHER *Piedmont S.C. R42*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *35* (Years)(12) BIRTHPLACE *Anderson S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Dorothy Stegal*(15) PRESENT POSTOFFICE OF MOTHER *Piedmont S.C. R42*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Piedmont S.C.*(19) OCCUPATION *house keeper*(20) Number of children of this mother now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *alive* at *3:30 a.m.* on the date above stated. (Hour A. M. or P. M.)(22) (Signature) *J. C. Lennings*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Bassey S.C. R43*

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

(26) Filed *Nov 8 1903* (27) Local Registrar

When the father, householder, etc., should make this return. No report is desired of stillbirths before the sixth month of pregnancy.

When the mother, householder, etc., should make this return. No report is desired of stillbirths before the sixth month of pregnancy.