

(1) PLACE OF BIRTH

County of Stony
 Township of Gilberts Ferry
 or
 Inc. Town of Wynona, SC
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4230

Registration District No. 2505 Registered No. 24
 (For use of Local Registrar)

(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 Jessie Elizabeth Westbury If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 1925</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Leon Franklin Westbury</u>			(14) NAME BEFORE MARRIAGE <u>Lonnie Belle Smoot</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wynona, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wynona, SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>3</u> (Years)	(18) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Wynona, SC</u>		(17) AGE AT LAST BIRTHDAY <u>3</u> (Years)		
(13) OCCUPATION <u>Boat Painter</u>		(16) BIRTHPLACE <u>Wynona, SC</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
(18) OCCUPATION <u>Wife</u>		(20) OCCUPATION <u>Wife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Huggins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Wynona, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 5 1925

(28)

W. E. Huggins
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.