Cert. No. 33891

(1) PLACE OF BIRTH

County of Union

Township of .....

Inc. Town of ..... or

City of Union

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35889

Registration District No. 1-A Registered No. 112
(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Thomas Leonard Odell } 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 25, 1915
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Leonard Odell	(14) NAME BEFORE MARRIAGE Lillie Bennett Ross
(9) PRESENT POSTOFFICE OF FATHER Union	(15) PRESENT POSTOFFICE OF MOTHER Jonesville SC
(10) COLOR OR RACE White	(16) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 25 (Years)	(17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE Jonesville SC
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Jonesville SC

Given name added from a supplemental report

..... 191...

..... Registrar

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

(27) Filed Nov 12 1915. (28) [illegible]
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.

MARGIN RESERVED FOR BINDING.

WRITE IN INKS. THE LAW DOES NOT PERMIT ANY OTHER INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.