

(1) PLACE OF BIRTH

County of L. AikenTownship of Shawor
Inc. Town ofor
City of

(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

71122

Registration District No. 211Registered No. 11

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Roy Chimer Leopold } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Aug. 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ed Leopold

(9) PRESENT POSTOFFICE OF FATHER

Enigma S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Aiken Co S.C.

(13) OCCUPATION

section Foreman R.R.

(14) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Sabrina Emberson

(15) PRESENT POSTOFFICE OF MOTHER

Enigma S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Aiken Co S.C.

(19) OCCUPATION

house wife

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 230 a.m.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Dozier

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/1 1916

(28)

M. T. Johnston
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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McCaw of Columbia