

(1) PLACE OF BIRTH

County of CharlestonTownship of Johns Isld.

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 901 Registered No. 17
(For use of Local Registrar)

File No. - For State Registrar Only

6911

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

(2) Full Name of Child Mildred Madge Leach If child is not yet named, make supplemental report as directed(3) SEX OF GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 14, 1902
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John William Leach(9) PRESENT POSTOFFICE OF FATHER Johns Island(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
(Year)(12) BIRTHPLACE Ravenel, S.C.

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Joanna Bertha Leach(15) PRESENT POSTOFFICE OF MOTHER Johns Island(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 13
(Year)(18) BIRTHPLACE Charleston, S.C.

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive, at 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Annie Pinkey(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

March 25, 1902 (27) Mrs. J. H. Hill