

(1) PLACE OF BIRTH

County of AugustineTownship of Grave

Inc. Town of .....

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

56082

Registration District No. 2210 Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Grace Leslie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 9</u>
Is he numbered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Andrew Ledy(9) PRESENT POSTOFFICE OF FATHER Belzer S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Piedmont, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Knight(15) PRESENT POSTOFFICE OF MOTHER Belzer S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Piedmont S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (born alive or stillborn) (How: M. or F.)(23) (Signature) W. A. Ledy(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed Apr. 15 1916 (28) S. A. Morris

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 PLAINLY, WITH UNFADING 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.

McKay, of Columbia.