

FORM NO. 1. MARGIN RESERVED FOR BINDING.

WHICH 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Colhoun</u>		STATE OF SOUTH CAROLINA.		80455	
Township of <u>Lyons</u>		Bureau of Vital Statistics			
Inc. Town of <u>his Belmar</u>		State Board of Health			
City of _____		Registration District No. <u>50.2</u>		Registered No. <u>15-1</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____ St. _____ Ward _____)		(For use of Local Registrar)	
(2) Full Name of Child. <u>Vivian Clare Leibel</u>		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>Oct 4 1916</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James H Leibel</u>			(14) NAME BEFORE MARRIAGE <u>Anna P. Leibel</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ellora</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ellora</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>Oraugden</u>			(18) BIRTHPLACE <u>Oraugden</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:25</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. B. Brown</u>					
(24) State whether Physician or Midwife (25) Address of Physician & Midwife <u>Ellora</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191			(27) Filed <u>Oct 28 1916</u> (28) <u>W. S. Keller</u> Local Registrar		
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.

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