

MARGIN RESERVED FOR BINDING.
 WHITE 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.
 McChav. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics (State Board of Health)		File No.—For State Registrar Only 87696
County of <u>Union</u>		Township of <u>Boysenville</u>		Registered No. <u>49</u> (For use of Local Registrar)
or Town of <u>Buffalo S.C.</u>		or City of <u>Buffalo S.C.</u>		
Registration District No. <u>H 213</u>		City of <u>Buffalo S.C.</u> (No. <u> </u>)		St.; <u> </u> Ward <u> </u>
(2) Full Name of Child <u>Infant</u>				If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov 26 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Leharlie Westmarland</u>	(14) NAME BEFORE MARRIAGE <u>Mandie Trent</u>			
(9) PRESENT POSTOFFICE OF FATHER <u> </u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u> </u>	(18) BIRTHPLACE <u>N.C.</u>			
(13) OCCUPATION <u> </u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1-A</u> on the date above stated. <small>(Born alive) (or stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <u>Mrs. Susie Mull</u>		(25) Address of Physician or Midwife <u>Buffalo S.C.</u>		
(24) State whether Physician or Midwife <u>midwife</u>		(26) Witness <u>Mrs. W. A. Murphy</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
Given name added from a supplemental report <u> </u> , 19 <u>11</u>		(27) Filed <u>Nov 26 1911</u> (28) <u>John P. Poolman</u> <small>Registrar Local Registrar</small>		

*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 reports desired of stillbirths before the fifth month of pregnancy.