

(1) PLACE OF BIRTH
 County of Lexington CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Northwestern State Board of Health
 or
 Inc. Town of Registration District No. 3107 Registered No. 1
 or
 City of (No.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
 46830

(2) Full Name of Child Leasonna May Chavis { If child is not yet named, make supplemental report as directed

(3) SEX OR SEX <u>Female</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Jan 18 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Leasonna Chavis</u>	(14) NAME BEFORE MARRIAGE <u>Carrie B. Williams</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Swainsboro</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Swainsboro</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Wiken Co.</u>	(18) BIRTHPLACE <u>Swainsboro</u>			(19) OCCUPATION <u>Housewife</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 3 9 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Masson Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 tal report
June 29 1916
W. Williams
 Registrar

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) Date June 1916 (28) J. S. Davidson
 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.

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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.
 McCaw, of Columbia.

M. M.

McCaw.