

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Oak Lawn

or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

1-10-11

Registration District No. 2-2-12 Registered No. 10

(For use of Local Registrar)

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

(2) Full Name of Child Sallie Leanty

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth 4 (6) ~~Are Parents Married?~~ (7) DATE OF BIRTH Feb. 21, 1914  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter Leanty  
 (9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Marrie Leanty  
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Ameline Dabbs  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Pelzer S.C.

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 1914 (28) W. A. Ross Local Registrar

Given name added from a supplemental report  
 ..... 191.....  
 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.  
 M. 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.