

## (1) PLACE OF BIRTH

County of *Denmark*  
 Township of *Denmark*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

63092

Registered No. *61*  
 (For use of Local Registrar)

(2) Full Name of Child *James O'Leary* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Jan 29, 1916*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *James Frederick*(9) PRESENT POSTOFFICE OF FATHER *DENMARK, S. C.*(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *18* (Years)(12) BIRTHPLACE *Denmark*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Oliver O'Leary*(15) PRESENT POSTOFFICE OF MOTHER *DENMARK, S. C.*(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *16* (Years)(18) BIRTHPLACE *Denmark*

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *James O'Leary*  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *DENMARK, S. C.*

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

(26) Witness *P. W. O'Leary*  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *7/6* 1916 (28) *John Cooney* 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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FORM NO. 1  
 M.C. 11-1  
 MADE IN RESERVE FOR BUNTING.  
 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.