

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Black Creek
 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

9518

Registration District No. 4403Registered No. 10
(For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Inf</u>	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 30 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert Madison Leitchell
 (9) PRESENT POSTOFFICE OF FATHER Sharon S.C. R.H. 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE York Co. S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Corra Ellen Green
 (15) PRESENT POSTOFFICE OF MOTHER Sharon S.C. R.H. 1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE Cleveland Co. S.C.
 (19) OCCUPATION Housewife

(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 Born alive at 2 1/2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles C. Burrows Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 4 1922 (28) W. C. Leitchell
 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.

WHILE PLACING 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. THIS OFFICE, No. 5, etc., in question 5.
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