

FORM NO. 6 MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK IN A PERMANENT RECORD. N.B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the McCray, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Beet Flaps State Board of Health
 or
 Inc. Town of Registration District No. 4600a Registered No. 106
 or
 City of (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)

File No.—For State Registrar Only
 70372

(2) Full Name of Child Amice Maudine Leggett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6.13.16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>S.W. Leggett</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Edwards</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenlee</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenlee</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(18) BIRTHPLACE <u>SC</u>
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>mill worman</u>	(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenlee

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

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

(27) Filed Aug 14 1916 (28) [Signature] 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.