

(1) PLACE OF BIRTH

County of San Carlos
 Township of Green Creek

or
 Inc. Town of

or
 City of

(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

41220

Registration District No. 7679 Registered No. 199

(For use of Local Registrar)

(2) Full Name of Child Leonard

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12 21</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Earl McCain</u>			(14) NAME BEFORE MARRIAGE <u>Cathy Wilson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster, SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>No Car</u>			(18) BIRTHPLACE <u>No Car</u>	
(13) OCCUPATION <u>Housewife Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) H. H. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster, SC

(Given name added from a supplemental report)

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Registrar

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

(27) Printed Name H. H. Thompson

(28) Signature H. H. Thompson

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required until the fifth month of pregnancy.