

WHITE PEARL PAPER 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.

(1) PLACE OF BIRTH  
County of **Abbeville.**  
Township of .....  
OR  
Inc. Town of ..... Registration District No. **112** Registered No. **87**  
OR  
City of **Abbeville.** (No. **87** Sceseession Ave) (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. **2** Ward

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**20616**

2) Full Name of Child **David C. Leitman** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <b>Boy</b>	(4) Twin or Triplet? <b>No</b> <small>Is to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <b>1</b>	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>July 28, 1922</b> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <b>J. C. Leitman</b>			(14) NAME BEFORE MARRIAGE <b>Lorenza Callahan</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Abbeville, S.C.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Abbeville, S.C.</b>	
(10) COLOR OR RACE <b>Col.</b>	(11) AGE AT LAST BIRTHDAY <b>47</b> <small>(Years)</small>	(16) COLOR OR RACE <b>Col</b>	(17) AGE AT LAST BIRTHDAY <b>37</b> <small>(Years)</small>	
(12) BIRTHPLACE <b>Abbeville, Co.</b>		(18) BIRTHPLACE <b>Abbeville, Co.</b>		
(13) OCCUPATION <b>Preacher.</b>		(19) OCCUPATION <b>Housewife.</b>		
20) Number of children born to mother, including present birth <b>6</b>		21) Number of children of this mother now living, including present birth <b>6</b>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was **Alive.** at **2 A.** M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **G. C. Gambrell, M. D.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Abbeville, S.C.**

Given name added from a supplemental report ....., 191..... ..... Registrar	(26) Witness ..... <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <b>Aug. 1, 1922.</b> (28) <b>Miss Susan H. Hester</b> Local Registrar.
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\*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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