

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

File No. For State Registrar Only
64757

(1) PLACE OF BIRTH
County of Harry
Township of
or
Inc. Town of Harway
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 25A Registered No. 15
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Mary M. Leaney { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 7 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME D. M. Carney
(9) PRESENT POSTOFFICE OF FATHER Harway St
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE D.C.
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth { 4

MOTHER.
(14) NAME BEFORE MARRIAGE V. M. Leaney
(15) PRESENT POSTOFFICE OF MOTHER Harway St
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE D.C.
(19) OCCUPATION at home
(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Birney Deery
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Carway St

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

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 23 1916 (28) A. H. Olden
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.

MARGIN RESERVED FOR BINDING.
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.
Craw. of Columbia