

WRITE PLAINLY AND LEGIBLY IN INK
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and designate FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia

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

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Monaghan Registration District No. 2709 Registered No. 561
 or
 City of Greenville (No. 75 Smalltown St.; Smalltown Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar
85844

(2) Full Name of Child Georgia Leon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 19 1918
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Olick Leon

(9) PRESENT POSTOFFICE OF FATHER Monaghan SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Hardman SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Weidt

(15) PRESENT POSTOFFICE OF MOTHER Monaghan SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth { one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George J. Whelan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville SC

Given name added from a supplemental report
 _____ 191_____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 11 6 A. H. Mackey
 (27) Filed _____ 191____ (28) _____ 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.