

MARGIN RESERVED FOR BINDING.
 WRITE CLEARLY, 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.
 McCaw, of Columbia.

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

(1) PLACE OF BIRTH
 County of Hampton
 Township of Pocotaligo
 or
 Inc. Town of Yemassee Registration District No. 24-03 Registered No. 56
 or
 City of _____ (No. _____) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FILE NO.—For State Registrar Only
77495

(2) Full Name of Child Herman Ramsaur Leitner } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of twins or triplets</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 23 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME OF FATHER <u>Calvin Bruce Leitner</u>		(9) MOTHER <u>Susie Hill</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Yemassee, S C</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Yemassee, S C</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(14) BIRTHPLACE <u>South Car</u>
(12) BIRTHPLACE <u>Virginia</u>		(15) BIRTHPLACE <u>Housewife</u>		
(13) OCCUPATION <u>R. R. Agent</u>		(16) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>{ Two..(2).....</u>		(21) Number of children of this mother now living, including present birth <u>{ Two..(2).....</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8.... A.... M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Stearns
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Physician Yemassee, S C

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

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

(27) Filed Oct 10 6 (28) J. B. Mehan
 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.