

FORM NO. 3
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.
McCaw, of Columbia.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | FILE NO.—FOR STATE REGISTRY ONLY | |
|---|---|--|---|--|--|
| County of <u>Hampton</u> | | STATE OF SOUTH CAROLINA | | 77495 | |
| Township of <u>Pocotaligo</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of <u>Yemassee</u> | | Registration District No. <u>24-03</u> | | Registered No. <u>56</u> | |
| or | | | | (For use of Local Registrar) | |
| City of | | (No. St.; Ward) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Harman Ramsaur Leitner</u> } 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> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Calvin Bruce Leitner</u> | | | (14) NAME BEFORE MARRIAGE <u>Susie Hill</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Yemassee, S C</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Yemassee, S C</u> | | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>27</u> (Years) | (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) | | | |
| (12) BIRTHPLACE <u>Virginia</u> | | | (18) BIRTHPLACE <u>South Car</u> | | |
| (13) OCCUPATION <u>R.R. Agent</u> | | | (19) 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 <u>born alive at 8.... A.... M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>J. H. ...</u> | | | (25) Address of Physician or Midwife <u>Physician Yemassee, S C</u> | | |
| (24) State whether Physician or Midwife | | | | | |
| Given name added from a supplemental report 191..... Registrar | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Oct 10 1916</u> (27) Filed <u>Oct 10 1916</u> (28) <u>J. B. Mc...</u> 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.