

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....

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

File No.—For State Registrar Only

45625

Inc. Town of Mount Pleasant, S. C.  
 City of .....

Registration District No. 9 B Registered No. 2  
 (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 Leon McPherson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Married</u>	(7) DATE OF BIRTH <u>January 19 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John McPherson</u>			(14) NAME BEFORE MARRIAGE <u>Estelle Richardson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mount Pleasant, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mount Pleasant, S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Mount Pleasant, S. C.</u>			(18) BIRTHPLACE <u>Mount Pleasant, S. C.</u>	
(13) OCCUPATION <u>Tinsmith</u>			(19) OCCUPATION <u>Wash woman</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Anders T. Johnson  
 (24) State whether Physician or Midwife, address of Physician or Midwife  
Midwife Mount Pleasant, S. C.

Given name added from a supplemental report

(25) Witness Geo. W. Roberts  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 19 1916 (28) Geo. W. Roberts  
 Registrar 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.  
 M. R.—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.  
 S. C. of Columbia