

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.
McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA,		72982	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
Inc. Town of <u>Durham</u>		State Board of Health			
City of <u>Durham</u>		Registration District No. <u>2209</u>		Registered No. <u>393</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No. <u>23</u> <u>Duke</u>		(For use of Local Registrar)	
(2) Full Name of Child <u>Leonard Brannan</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>8 2 16</u>	(8) Ward
FATHER.		MOTHER.			
(9) FULL NAME <u>Wm. Henry McIntosh</u>		(14) NAME BEFORE MARRIAGE <u>Lillie M. Ross</u>			
(10) PRESENT POSTOFFICE OF FATHER <u>23 Duke</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>			
(11) COLOR OR RACE <u>W</u>		(12) AGE AT LAST BIRTHDAY <u>23</u>		(13) COLOR OR RACE <u>W</u>	
(16) BIRTHPLACE <u>N.C.</u>		(17) AGE AT LAST BIRTHDAY <u>20</u>		(18) BIRTHPLACE <u>N.C.</u>	
(19) OCCUPATION <u>Cotton Mill</u>		(20) OCCUPATION <u>House</u>			
(21) Number of children born to mother, including present birth <u>1</u>		(22) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>John B. Bell</u>					
(25) State whether Physician or Midwife (26) Address of Physician or Midwife <u>Physician Greenville</u>					
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Aug 2 6</u>			
..... 191.....		(28) <u>A. H. Mackay</u> Local Registrar			
..... 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.