

THIS FORM, WITH UNFOLDING TABS, IS A PERMANENT RECORD.

WAIT 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, O. of Columbia

(1) PLACE OF BIRTH
County of York
Township of York
or
Inc. Town of York
or
City of York (No. 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
46358

Registration District No. 7-2-09 Registered No. 7
(For use of Local Registrar)
Ward Hammond

(2) Full Name of Child Leahy - Hamilton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>an</u> <small>to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 8</u> 1914 <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Leahy Hamilton</u>	(14) NAME BEFORE MARRIAGE <u>Anna Guthrie</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Yorkville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Yorkville S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>York</u>	(18) BIRTHPLACE <u>York</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. H. Mackey

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Yorkville S.C.

Given name added from a supplemental report 191

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. H. Mackey

(27) Filed June 1916 (28) J. H. Mackey 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.

Registrar J. H. Mackey Local Registrar J. H. Mackey

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