

WHILE FILING 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.

(1) PLACE OF BIRTH

County of York

Township of York

or Inc. Town of York

or City of York

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. 2209 Registered No. 7

(For use of Local Registrar)  
York Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 2 1914  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leal Lealman

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE York

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Guthrie

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE York

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at York 7 Am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician York

Given name added from a supplemental report

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

(27) Filed Jan 16 1916 (28) A. 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 | (1914) York Local Registrar.

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