

Form No. 1

(1) PLACE OF BIRTH
County of Amherst
Township of King
or
Inc. Town of
or
City of
(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
50686

Registration District No. 4302 Registered No. 157
(For use of Local Registrar)
M.;
Ward
(2) Full Name of Child Phoebe Liss Dale { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are yes Parents Married? (7) DATE Feb, 4, 1914
BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jarvis Leedale
(9) PRESENT POSTOFFICE OF FATHER Kingston
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Amherst
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 4

MOTHER.
(14) NAME BEFORE MARRIAGE Victoria Leedale
(15) PRESENT POSTOFFICE OF MOTHER Kingston
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Amherst
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was Alive, at 7 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Louisa X. Leedale
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Kingston

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jarvis Leedale
(27) Filed 7/14 1914 (28) W. B. G. G. 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 INDEXING.
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.
Care of Columbia