

## (1) PLACE OF BIRTH

County of AikenTownship of SteggCity of Warrentonville

(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

71078

Registration District No. 204 Registered No. 42

(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child. Essie Dell Leopard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</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>Aug 5<sup>th</sup> 1916</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph Simpson Leopard(9) PRESENT POST OFFICE OF FATHER Warrentonville, S.C.(10) COLOR White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Section Hand Cotton mill(14) Number of children born to mother including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Lora Renew(15) PRESENT POST OFFICE OF MOTHER Warrentonville, S.C.(16) COLOR White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Aiken Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:55 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. H. Howard, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Warrentonville, S.C.

Also a name added from a supplemental report

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Registrar

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

(27) Filed Aug 10 1916 (28) H. H. Howard 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.

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