

THIS IS A PERMANENT RECORD.
 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 Charleston
 Township of Walterville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
3632

Registration District No. 1104

Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Armine Leach 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. N. Leach
 (9) PRESENT POSTOFFICE OF FATHER Leeds St.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Chester Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Milke
 (15) PRESENT POSTOFFICE OF MOTHER Leeds St.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Chester Co
 (19) OCCUPATION House Wife
 (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 Armine at 9:30 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Mary Armine Leach
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Indwells Leeds St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 1 1922

(28) St. J. McDaniel 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.