

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.

Caw, of Columbia

(1) PLACE OF BIRTH
 County of Alberville
 Township of Knappa
 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.)

Registration District No. 109 Registered No. 80
 (For use of Local Registrar)

(2) Full Name of Child Bela Lee Leonwell { 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> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>J. F. E. Leonwell</u>	(14) NAME BEFORE MARRIAGE <u>Maud Tucker</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Leathum Falls, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leathum Falls, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Wilkes Co Ga</u>	(18) BIRTHPLACE <u>Winston Co Ala</u>	(13) OCCUPATION <u>Leather mill work</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Leann A. Bell
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Leathum Falls, S.C.

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

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

(27) Filed March 10, 1916 (28) F. L. France 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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