

WHITE PLAINLY, WITH FADING 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.

WHY
N. B.—McCaw, of Columbia

(1) PLACE OF BIRTH
County of Charleston **CERTIFICATE OF BIRTH**
State of SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Allegator State Board of Health

File No. — For State Registrar Only
45793

Inc. Town of Registration District No. 12.00 Registered No.
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leeroy Hoffman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 26, 1916
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Ulin Hoffman</u>		(14) NAME BEFORE MARRIAGE	<u>Ira Bullard</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Middendorf St.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Middendorf St. S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY		(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	
<u>White</u>	<u>29</u> (Years)		<u>White</u>	<u>19</u> (Years)	
(12) BIRTHPLACE	<u>Charleston S.C.</u>		(18) BIRTHPLACE	<u>Charleston S.C.</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housework</u>	
(20) Number of children born to mother, including present birth	{ }		(21) Number of children of this mother now living, including present birth	{ 2	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Dr. J. B. Smith Patrick St.

Given name added from a supplemental report

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

(27) Filled (28) S. J. Matheson 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

Local Registrar

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