

Form No 1.

(1) PLACE OF BIRTH

County of Hampton Co.Township of Puppers

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

49434

Registration District No. 9402 Registered No. 45

(For use of Local Registrar)

St. Ward

(2) Full Name of Child William Leary { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Yes Parents Married? (7) DATE OF BIRTH Jan. 26 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oder Leary(9) PRESENT POSTOFFICE OF FATHER Brunson S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Hampton County(13) OCCUPATION farm work(14) Number of children born to mother, including present birth five 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lather Goldman(15) PRESENT POSTOFFICE OF MOTHER Brunson S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Barnwell County(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Mary E. Hargreaves(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Hampton

Given name added from a supplemental report

Gaby 2:3 1917C. W. MilledRegistrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 2/24 1917 (27) J. W. Rogers Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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.

McCauley, of Columbia.

MARGIN RESERVED FOR BINDING.