

Form No. 1

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Lowther  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

40916

Registration District No. 240 Registered No. 13  
 (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 Isaac D. Leach (If child is not yet named, make supplemental report as directed)

3 SEX Male 4 Type or Triple X 5 Number in order of birth 3 6 Age 20 7 DATE OF BIRTH Dec 20 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 8 FULL NAME W. E. D. Leach 14 NAME BEFORE MARRIAGE Ruby Middleton  
 9 PRESENT POSTOFFICE OF FATHER Furman SC 15 PRESENT POSTOFFICE OF MOTHER Furman SC  
 10 COLOR OR RACE White 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 23  
 11 BIRTHPLACE SC 18 BIRTHPLACE SC  
 19 OCCUPATION Farmer 19 OCCUPATION Wife  
 20 Number of children born to mother, including present birth 3 21 Number of children of the mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 29 M.  
 on the date above stated. (Sign alive or stillborn) Hour A. M. or P. M.

(23) (Signature) W. E. D. Leach (24) Address of Physician or Midwife Furman SC  
 State of South Carolina

Give name address and occupation of witnesses  
 The Witness (Signature of Witness necessary only when question 22 is signed by mother)  
12/31 1923 W. E. D. Leach  
 Local Registrar  
 When this certificate is filed, the Registrar, etc., should make the return if a child is born. No report is desired of stillbirths or of pregnancy.