

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**64784**

(1) PLACE OF BIRTH  
 County of Horry  
 Township of Lermay  
 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. 2502 Registered No. 79  
 (For use of Local Registrar)  
 St.: ..... Ward: .....

(2) Full Name of Child George Thomas } If child is not yet named, make supplemental report as directed

|  |  |                                 |   |  |
|--|--|---------------------------------|---|--|
| (3) BOY OR GIRL? <u>Male</u>   | (4) Twin or Triplet?                           | (5) Number in order of birth    | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>June 8 1916</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |  |                                 | MOTHER.   |  |
| (8) FULL NAME <u>George W. Leedins</u>   |  |                                 | (14) NAME BEFORE MARRIAGE <u>Nora Todd</u>  |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Lermay, SC</u>                             |  |                                 | (15) PRESENT POSTOFFICE OF MOTHER <u>Lermay, SC</u>                                 |  |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>26</u><br>(Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>30</u><br>(Years)                                      |  |
| (12) BIRTHPLACE <u>Horry Co</u>  |  |                                 | (18) BIRTHPLACE <u>Horry Co</u>   |  |
| (13) OCCUPATION <u>Farming</u>   |  |                                 | (19) OCCUPATION <u>House wife</u>   |  |
| (20) Number of children born to mother, including present birth <u>1, 2, 4</u> |  |                                 | (21) Number of children of this mother now living, including present birth <u>3</u> |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 17, 1916 (28) J. L. Jones 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.

WRITE PLAINLY, WITH UNFADING INK—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 2.  
 McCraw, of Columbia.