

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Fork

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
71267

Inc. Town of ..... Registration District No. 305 Registered No. 51  
 (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. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? L (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH—Aug. 13 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert F. Leathers

(9) PRESENT POSTOFFICE OF FATHER Townville S.C. R#2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Deer Creek Co. - S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Arnold Math

(15) PRESENT POSTOFFICE OF MOTHER Townville S.C. R#2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Stabersham Co. Ga

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth { 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ... 12:15 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Hobson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Townville SC

Given name added from a supplemental report

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

(27) Filed Sept 4 1916 (28) R. H. McClain 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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