

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

Chav. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		77273	
Township of <u>Glassy</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2208</u>		Registered No. <u>34</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; Ward		(For use of Local Registrar)	
(2) Full Name of Child <u>John Henry McLeure</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 25-4</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>John Thomas McLeure</u>			(14) NAME BEFORE MARRIAGE <u>Fois Lee Solistee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Landrum S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Landrum S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(12) BIRTHPLACE <u>Greenville Co. S.C.</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>	(18) BIRTHPLACE <u>Spartanburg Co. S.C.</u>
(13) OCCUPATION <u>Farmington</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. G. Christopher</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Landrum S.C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Oct 2</u> 191 <u>4</u> (28) <u>G. V. Phillips</u> 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.

A. F. Madry