

MARGIN RESERVED FOR BINDING.

FORM NO. 6

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 3.

McCauley, of Columbia.

(1) PLACE OF BIRTH

County of Alberdale
Township of Alberdale
or
Inc. Town of Fairfax
or
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40680

Registration District No. 4607 Registered No. _____
(For use of Local Registrar)
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 Leo O. Judd, Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 29, 1927</u> (Name of Month) (Day) (Year)												
(8) FULL NAME <u>Leo O. Judd</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Fairfax S.C.</u>														
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)														
(12) BIRTHPLACE <u>Wilmington N.C.</u>		(13) OCCUPATION <u>Mechanic</u>														
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>														
<table border="1"> <tr> <td colspan="2">(14) NAME BEFORE MARRIAGE <u>Virginia Bessing</u></td> <td colspan="2">(15) PRESENT POSTOFFICE OF MOTHER <u>Fairfax S.C.</u></td> <td colspan="2">(16) COLOR OR RACE <u>white</u></td> <td colspan="2">(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)</td> <td colspan="2">(18) BIRTHPLACE <u>Columbia S.C.</u></td> <td colspan="2">(19) OCCUPATION <u>Wife</u></td> </tr> </table>					(14) NAME BEFORE MARRIAGE <u>Virginia Bessing</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Fairfax S.C.</u>		(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(18) BIRTHPLACE <u>Columbia S.C.</u>		(19) OCCUPATION <u>Wife</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10, 1928 (28) [Signature] 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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