

MARGIN RESERVED FOR BINDING.  
 WRITTEN 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.

State of Columbia

(1) PLACE OF BIRTH

County of Charleston

Township of 4

or  
 Inc. Town of Charleston

City of Charleston  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

# CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

84620

Registration District No. 9A Registered No. 1277

(For use of Local Registrar)

No. 47 Kept record of State Ward

(2) Full Name of Child Leopold of Diana Thine

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X

(5) Number in order of birth 1

(6) Are Parents Married? No

(7) DATE OF BIRTH Nov 4 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eron Johnson

(9) PRESENT POSTOFFICE OF FATHER Charleston SC

(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Porter

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Diana Thine

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

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

(18) BIRTHPLACE James Island

(19) OCCUPATION Cook & Nurse

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Crooks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife City Hospital

Given name added from a supplemental report

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

(27) Filed 11/6 1916 (28) 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 fourth month of pregnancy.

Filed 11/13/16

Registrar

Cor. 2/2/19

Leon Barov

Rego