

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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Richland  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23042

Registration District No. 9107 Registered No. 56  
 (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? — (5) Number in order of birth 9 (6) Are Parents Married Yes (7) DATE OF BIRTH April 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Leafhart  
 (9) PRESENT POSTOFFICE OF FATHER Richland, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Teacher  
 (20) Number of children born to mother, including present birth thirteen

## MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Richland, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth thirteen

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. A. Smith, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Richland, 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 ..... 19 .. (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 fifth month of pregnancy.