

2

(1) PLACE OF BIRTH  
County of Calhoun  
Township of .....  
or  
Inc. Town of St. Matthews  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**75901**

Registration District No. 8 R Registered No. 45  
(For use of Local Registrar)  
(No. .... St.; .... Ward)

(2) Full Name of Child Sybraster Leroy  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 4</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME Richard Leroy  
(9) PRESENT POSTOFFICE OF FATHER Unknown  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE South Carolina  
(13) OCCUPATION Day Laborer  
(20) Number of children born to mother, including present birth { 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Sophia Johnson  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION Housewife  
(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 alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James L. Snipe  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

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..... 19 .....  
Registrar

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

(27) Filed Sept. 6 19 16 (28) A R Able  
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.