

MAKE PLAINLY WITH ENOUGH 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.
 DEPARTMENT OF HEALTH, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Darlington
 Township of Philadelphia
 or
 Inc. Town of
 or
 City of
 (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
85262

Registration District No. 1509 Registered No. 70
 (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Leonard Side

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 26 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Phillip Side

(9) PRESENT POSTOFFICE OR OF FATHER Simmonsville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Darlington S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Thomas

(15) PRESENT POSTOFFICE OF MOTHER Simmonsville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Darlington S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabelle Side
 (24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Simmonsville S.C.

Given name added from a supplemental report

 Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 11 1906 (28) L. A. Jordan 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.