

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of Anderson

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

(2) Full Name of Child Margaret Elizabeth Leath

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be reported only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 10 1928</u> (Name of Month) (Day) (Year)
-----------------------------	--	---	------------------------------------	--

## FATHER.

(8) FULL NAME Robert M. Leath(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Bookkeeper(14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Luey Maudlin Leath(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated.

(23) M.B.W. <u>yes</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Anderson S.C.</u>
------------------------	--	---

(Given name added from a supplemental report)

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

(27) Filed F. B. CRAYTON,

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.

(Date of)

Address Route 2, Anderson S.C.Filed AUG. 20, 1928

Registrar.