

(1) PLACE OF BIRTH,

County of UnionTownship of Boyan's MillsInc. Town of BuffaloCity of Buffalo

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12294

Registration District No. 4201Registered No. 32
(For use of Local Registrar)(No. 4201 St.; 32 Ward)

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

(2) Full Name of Child Ellen Anthony Leash 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 X(6) Any Physical Markings Yes(7) DATE OF BIRTH April 16 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME George F. Leash(9) PRESENT POSTOFFICE OF FATHER Buffalo(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE Clifton(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth Four

MOTHER.

(15) NAME BEFORE MARRIAGE Era Mae Gordin(16) PRESENT POSTOFFICE OF MOTHER Buffalo(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 26(19) BIRTHPLACE Linscott(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:40 on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) W. H. Kufe(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union

Given name and from a supplemental report

M. B. Woodward M.D.11/2/43

Registrar

(26) Witness

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

(27) Filed 10 2310 23

(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.

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