

(1) PLACE OF BIRTH

County of Sumter
Township of Fateburg
or
Inc. Town of Honato
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

92037

Registration District No. 4109

Registered No. 117

(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Isaac Leusin

(9) PRESENT POSTOFFICE OF FATHER Honato, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Honato, S.C.

(13) OCCUPATION Clerk

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Blanche Leusin

(15) PRESENT POSTOFFICE OF MOTHER Honato

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Reubert, S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. Haggood, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hagood St

Given name added from a supplemental report

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

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(27) Filed Dec 6, 1916 (28) Benj Sandler 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.

RECEIVED AT THE OFFICE OF THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. THIS 6th DAY OF DECEMBER, 1916.