

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child

Billy Leonard

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

.....

(5) Number in order of birth

.....

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 2119 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Joseph Leonard

(9) PRESENT POSTOFFICE OF FATHER

35 Common St

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Monroe's Corner, SC

(13) OCCUPATION

Merchant

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Elizabeth Campbell

(15) PRESENT POSTOFFICE OF MOTHER

35 Common

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Charleston SC

(19) OCCUPATION

Washer

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Born alive at 8 A.M.
(Born alive or stillborn) (Hour) (A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

H. W.Hope Hospital

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/2819 22

(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.