

Form No 1.

## (1) PLACE OF BIRTH

County of SaludaTownship of St. K

Inc. Town of .....

City of .....

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

(2) Full Name of Child Jonathan James McLeary

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins &amp; Triplets</small>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28 1916</u> <small>(Month of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Sam P McLeary(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Perry(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Saluda County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)(23) (Signature) J. B. Crutch(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Feb 2 1916 (28) J. B. Crutch 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McClaw, of Columbia.

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 2.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State House of Health

File No.—For State Registration Only

50357

Registration District No. 890.3 Registered No. 3

(For use of Local Registrar)