

(1) PLACE OF BIRTH

County of Leavelle
 Township of Leavelle
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
64380

Registration District No. 2015 Registered No. 174
 (For use of Local Registrar)
 City of (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. Leanna Williams { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1914
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Williams

(9) PRESENT POSTOFFICE OF FATHER Leavelle

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 14

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Manning

(15) PRESENT POSTOFFICE OF MOTHER Leavelle

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leavelle S.C.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed July 20 1914 (28) W. C. Myers Local Registrar

THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 McCaw, of Columbia.

*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.