

WRITE PLAINLY, WITH UNFADING INK—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.  
McCay, of Columbia.

## (1) PLACE OF BIRTH

County of *Wayne*Township of *Johnson*or  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

83865

Registration District No. *4304* Registered No. *151*

(For use of Local Registrar)

(2) Full Name of Child *Ameline Leaps* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>to be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Oct 30, 1914</i> <small>(Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME *Samuel Knaw*(9) PRESENT POSTOFFICE OF FATHER *L*(10) COLOR OR RACE *L* (11) AGE AT LAST BIRTHDAY *L* (Years)(12) BIRTHPLACE *L*(13) OCCUPATION *L*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Margaret Leaps*(15) PRESENT POSTOFFICE OF MOTHER *Wayne, S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm hand*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *Wayne, S.C.* (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. M. Leaps*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wayne, S.C.*

Given name added from a supplemental report

(26) Witness *L. L. Gid*

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

On Filed *Nov 4, 1914* (28) *L. L. Gid* 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.