

WRITE IN INK. 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 N. No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
County of Fairfield
Township of 11
or
Inc. Town of
or
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
64245

Registration District No. 1919 Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child Sarah Leitner { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Larry Eugene Leitner
(9) PRESENT POSTOFFICE OF FATHER Bookman S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth { Ten

MOTHER.
(14) NAME BEFORE MARRIAGE Rayford DuPaul
(15) PRESENT POSTOFFICE OF MOTHER Bookman S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth { Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. G. Hamilton, M.D.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rockton 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) Filled form 191.6. (28) D. G. Glenn 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.

Registrar [Signature] Local Registrar [Signature]

*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.