

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.  
McCauley, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Glenn Springs

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
50498

Inc. Town of ..... Registration District No. 4005 Registered No. 15  
(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 ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12 1906  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Leavelle  
(9) PRESENT POSTOFFICE OF FATHER Pauline St  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Spartanburg Co S C  
(13) OCCUPATION Hand hand  
(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Robinson  
(15) PRESENT POSTOFFICE OF MOTHER Pauline St  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Spartanburg S C  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) W. L. L. L. L. L.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Pauline

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 1916 (28) J. C. White 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.