

MARGIN RESERVED FOR BINDING.

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 2.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Charleston **CERTIFICATE OF BIRTH**  
TOWNSHIP OF ..... **STATE OF SOUTH CAROLINA.**  
INC. Town of Charleston **Bureau of Vital Statistics**  
City of Charleston **State Board of Health**

File No. 48297 **For State Registrar Only**

Registration District No. 9A Registered No. 723  
(For use of Local Registrar)  
City of Charleston No. 602 Meeting ..... St. 10 Ward .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George C. League If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL? <u>Male</u>	(b) Twin or Triplet? <u>No</u>	(c) Number in order of birth <u>30</u>	(d) Are Parents Married? <u>Yes</u>	(e) DATE OF BIRTH <u>July 11, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm Henry League</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Hay</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) BIRTHPLACE <u>Montgomery Co., N.C.</u>			(17) AGE AT LAST BIRTHDAY <u>30</u>	
(12) OCCUPATION <u>Policeman</u>			(18) BIRTHPLACE <u>Charleston, S.C.</u>	
(19) Number of children born to mother, including present birth <u>Five</u>			(20) Number of children of this mother now living, including present birth <u>Five</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 11 30 AM on the date above stated. (Born alive or stillborn) (Hour, M or P, AM)

(23) (Signature) Herington M. Matchel

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 461 Meeting St

Given name added from a supplemental report

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

(27) Filed 3/3 1916 (28) J. M. Moore, M.D. Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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.

Dec 11/27

300 repaired