

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 5.

1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		91809 121	
Township of <u>Chimney</u>		Bureau of Vital Statistics		Registered No. <u>123</u>	
or Inc. Town of		State Board of Health		(For use of Local Registrar)	
City of		Registration District No. <u>4001 D</u>		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 <u>Vastie Leay</u> (If child is not yet named, make supplemental report as directed)					
3) BOY OR GIRL? <u>Girl</u>		4) Twin or Triplet? <u>No</u>		5) Number in order of birth <u>3</u>	
6) Are Parents Married? <u>Yes</u>		7) DATE OF BIRTH <u>Dec 29 1916</u>		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8) FULL NAME <u>Earl Leay</u>			14) NAME BEFORE MARRIAGE <u>Nettie Brown</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>		
11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
12) BIRTHPLACE <u>Spartanburg</u>			18) BIRTHPLACE <u>Spartanburg</u>		
13) OCCUPATION <u>mill operative</u>			19) OCCUPATION <u>domestic</u>		
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
23) (Signature) <u>W. L. Egan</u>					
24) State whether Physician or Midwife <u>Midwife</u>					
25) Address of Physician or Midwife <u>Spartanburg</u>					
Given name added from a supplemental report			26) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
19			27) File <u>Dec 31 1916</u>		
Registrar			28) <u>A. G. Burtan</u> 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.